FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66778** **(4)**

1. Corporation Name

BARB QUALITY CARE, INC.

Principal Place of Business	Mailing Address
7950 NW 146TH ST. SUITE 513 MIAMI LAKES FL 33016 US	7950 NW 146TH ST. SUITE 513 MIAMI LAKES FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0358881 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13903 NW 67 th Ave	26 13903 NW 67 th Ave
Suite, Apt. #, etc. 22 # 310	Suite, Apt. #, etc. 27 # 310
City & State 23 MIAMI LAKES FL	City & State 28 MIAMI LAKES FL
Zip 24 33014	Country 25 USA
Zip 29 33014	Country 30 USA

9. Name and Address of Current Registered Agent

BERTOT, BARBARA
18928 N.W. 77TH PLACE
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 4/26/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BERTOT, BARBARA	12 NAME	
STREET ADDRESS	18928 N.W. 77TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BERTOT, CARLOS	22 NAME	
STREET ADDRESS	18928 N.W. 77TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/26/95 305-267-2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0098045 CP