FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

BARB QUALITY CARE, INC.

Principal Place of Business	Mailing Address
13903 NW 67TH AVE SUITE 310 MIAMI LAKES FL 33014 US	13903 NW 67TH AVE SUITE 310 MIAMI LAKES FL 33014 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **09/28/1992**	3a. Date of Last Report: **05/01/1995**
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: ~~☐~~ N/A	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No	

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): 13903 NW 67TH AVE SUITE 310
(83)
(84) City: MIAMI LAKES **FL** (85) Zip Code: 33014

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: Barbara Bertot Barbara Bertot DATE: 4-1-96
(Signature of Registered Agent) (Type or Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	BERTOT, BARBARA		12 NAME	
STREET ADDRESS	18928 N.W. 77TH PLACE		13 STREET ADDRESS	~~18928~~ 13903 NW 67 AVE SUITE 310
CITY-ST-ZIP	HIALEAH FL 33015		14 CITY-ST-ZIP	MIAMI LAKES FL. 33014
TITLE	VD	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	BERTOT, CARLOS		22 NAME	
STREET ADDRESS	18928 N.W. 77TH PLACE		23 STREET ADDRESS	13903 NW 67 AVE SUITE 310
CITY-ST-ZIP	HIALEAH FL 33015		24 CITY-ST-ZIP	MIAMI LAKES FL. 33014
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 added above.

SIGNATURE: Barbara Bertot Barbara Bertot DATE: 4-1-96 (305) 821-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR