

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66778

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: BARB QUALITY CARE, INC.

## Current Principal Place of Business:

13903 NW 67TH AVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

## Current Mailing Address:

13903 NW 67TH AVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

## New Principal Place of Business:

5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015 US

## New Mailing Address:

5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015 US

FEI Number: 65-0358881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERTOT, BARBARA  
13903 NW 67TH AVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

BERTOT, BARBARA  
5931 NW 173 DRIVE  
SUITE 4  
MIAMI, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERTOT, BARBARA,  
Address: 13903 NW 67TH AVE.,STE. 310  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VD ( ) Delete  
Name: BERTOT, CARLOS,  
Address: 13903 NW 67TH AVE.,STE. 310  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VD ( ) Delete  
Name: BERTOT, ANTHONY,  
Address: 13903 NW 67 AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BERTOT, BARBARA,  
Address: 5931 NW 173 DRIVE SUITE 4  
City-St-Zip: MIAMI, FL 33015 US

Title: VD (X) Change ( ) Addition  
Name: BERTOT, CARLOS,  
Address: 5931 NW 173 DRIVE SUITE 4  
City-St-Zip: MIAMI, FL 33015 US

Title: VD (X) Change ( ) Addition  
Name: BERTOT, ANTHONY,  
Address: 5931 NW 173 DRIVE SUITE 4  
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BERTOT

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date