

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILED

97 APR 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000993**

QUALITY CARE PROVIDERS, L.C.
TWO CHASE CORPORATE DR.
SUITE 260
BIRMINGHAM AL 35244

1a. Principal Place of Business Address

~~1023 BUSINESS PARK BLVD.~~
~~BLDG. 2, SUITE P~~
~~DAYTONA BEACH FL 32114~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 425 N. CLYDE MORRIS BLVD Suite, Apt. #, etc. 2ND FLOOR City & State DAYTONA BEH, FLA. 32114 Zip 32114 Country USA (VOLUSIA)		2a. Mailing Address P.O. Box 9308 Suite, Apt. #, etc. City & State DAYTONA BEH, FLA. 32120 Zip 32120-9308 Country USA (VOLUSIA)		3. Date Organized or Qualified 12/22/1995		3a. State of Formation FL	
				4. FEI Number 59-3368241		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 07/01/1996		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent PRICE, ADELE J 425 NORTH CLYDE MORRIS BLVD., 2ND FL. DAYTONA BEACH FL 32114		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Adele J Price* DATE **2-4-97**
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SPORE, STEPHEN S M.D.	854 W. PLYMOUTH AVE.	DELAND FL 32720
MGR	VELLEFF, THOMAS K M.D.	FCCMC - 2667 ENTERPRISE RD	ORANGE CITY FL 32763
MGR	ROBINSON, JERRY M.D.	1555 SAXON BLVD., STE. 301	DELTONA FL 32725
MGR	PATEL, BHUPENDRA M.D. RANDOLPH, ANDREW, M.D.	925 N. STONE ST. 1015 N. STONE ST.	DELAND FL DELAND FL 32720
MGR	OUELLETTE, ROBERT M.D	800 W. PLYMOUTH AVE.	DELAND FL 32720
MGR	LUCAS, KENNETH J M.D.	405 N. CLYDE MORRIS BLVD.	DAYTONA BEACH FL 32114
PLEASE SEE ATTACHMENT			000002152040--8 -04/23/97--01074--005 ****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Roman M. Hendrickson* DATE **2/5/97** DAYTIME PHONE # **904-672-5084**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2 of 2

QUALITY CARE PHYSICIANS

Attachment for section 10:

<u>Title</u>	<u>Managing Members/Managers</u>	<u>Business Street Address</u>	<u>City, State, & Zip Code</u>
MGR	Hendrickson, Roman M.D.	461 South Nova Road, Ste 13	Ormond Beach, FL 32174
MGR	Nashed, Magdy M.D.	3953 Nova Road	Port Orange, FL 32127
MGR	Jackson, Jon M.D.	4770 South Ridgewood Avenue	Port Orange, FL 32119
MGR	Klancke, Kim M.D.	695 North Clyde Morris Blvd	Daytona Beach, FL 32114

(Managed by Strategic Medical Systems)

P.O. Box 9308

Daytona Beach, FL 32120-9308

Tel (904) 239-7160 Fax (904) 239-3643 Toll Free (800) 266-2176