

2001 UNIFORM BUSINESS REPORT (UBR)

0028039 AF

DOCUMENT # L00000004878

1. Entity Name
QUALITY HEALTH MANAGEMENT, LLC

FILED

01 MAR 15 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11890 SOUTHWEST 8TH STREET, SUITE 202
MIAMI FL 33184

Mailing Address 11890 SOUTHWEST 8TH STREET, SUITE 202
MIAMI FL 33184

2. Principal Place of Business
11890 SW. 8th St.
Suite, Apt. #, etc. Suite 205
City & State Miami, Florida
Zip 33184 Country USA

3. Mailing Address
11890 S.W. 8 Street
Suite, Apt. #, etc. Suite 205
City & State Miami, Florida
Zip 33184 Country USA

4. FEI Number 65-1003375
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, BARBARA B
11890 SOUTHWEST 8TH STREET, SUITE 202
MIAMI FL 33184

7. Name and Address of New Registered Agent
Name Garcia, Barbara B
Street Address (P.O. Box Number is Not Acceptable) 11890 S.W. 8 Street
Suite 205
City Miami FL Zip Code 33184

8. 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 *Barbara B Garcia* *Barbara B Garcia* 03/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	AVILES, PATRICIA	11890 SOUTHWEST 8TH STREET, SUITE 202	MIAMI FL 33184	<input type="checkbox"/>
MGR	SHUMAN, ZIAD	2300 NORTH WEST 127 AVENUE	PEMBROKE PINES FL 33028	<input type="checkbox"/>
MGR	INTERNATIONAL REASSURANCE, LLC	7205 CORPORATE DRIVE, SUITE 303	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
manager	Variable Investment Partners, LLC	1660 Kristin Court NE	Fridley, MN 55432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
manager	Barbara B. Garcia	8834 NW 168th	Hialeah, FL 33018	<input type="checkbox"/>	<input checked="" type="checkbox"/>
manager	Aviles, Patricia	2004 S.W. 103 Court	Miami, FL 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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.

SIGNATURE: *Patricia Aviles* 3/9/01 305-225-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)