

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034645

**Entity Name:** QUANTUM BIOPHYSICS INC.**Current Principal Place of Business:**7819 N. DALE MABRY, #216  
ATTN: LARRY MAAS  
TAMPA, FL 33614**Current Mailing Address:**7819 N. DALE MABRY, #216  
ATTN: LARRY MAAS  
TAMPA, FL 33614 US**FEI Number:** 38-3812907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THEODORE R GILSON REVOCABLE TRUST  
16326 KALLI WAY % CONNIE DAVIS  
DADE CITY, FL 33523 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:** THEODORE R GILSON, TRUSTEE

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY, TREASURER, CHAIRMAN
Name	GILSON, THEODORE R
Address	7819 N. DALE MABRY, #216 ATTN: LARRY MAAS
City-State-Zip:	TAMPA FL 33614

Title	D
Name	SAINES, CHERYL GILSON
Address	7819 N. DALE MABRY, #216 ATTN: LARRY MAAS
City-State-Zip:	TAMPA FL 33614

Title	P, D
Name	DAVIS, CONNIE GILSON
Address	7819 N. DALE MABRY, #216 ATTN: LARRY MAAS
City-State-Zip:	TAMPA FL 33614

Title	VP
Name	DAVIS, TIMOTHY E
Address	7819 N. DALE MABRY, #216 ATTN: LARRY MAAS
City-State-Zip:	TAMPA FL 33614

I hereby 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 all other like empowered.

**SIGNATURE:** THEODORE R GILSON

TREASURE

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date