

2021 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

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, SECRETARY, TREASURER,
CHAIRMAN

Name GILSON, THEODORE R

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 D

Name SAINES, CHERYL GILSON

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

CHAIRMAN

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date