

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002218

Entity Name: QHS HEALTHSERVICES, INC**Current Principal Place of Business:**3325 HOLLYWOOD BLVD.
SUITE 403
HOLLYWOOD, FL 33021**Current Mailing Address:**PO BOX 640948
MIAMI, FL 33164 US**FEI Number:** 65-0887626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCLEAN, AUDREYA
3325 HOLLYWOOD BLVD.
403
HOLLYWOOD, FL 33021 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MCLEAN, AUDREYA KPD
Address	3325 HOLLYWOOD BLVD SUITE 403
City-State-Zip:	HOLLYWOOD FL 33021

Title	VP
Name	NABAKA, JOSEPH OVP
Address	3325 HOLLYWOOD BLVD., SUITE 403
City-State-Zip:	HOLLYWOOD FL 33021

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: AUDREYA MCLEAN**PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date