

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90115

**Entity Name:** VINTEX QUALITY CARE, INC.

**Current Principal Place of Business:**

7400 SW 50 TERRACE,  
SUITE 200  
MIAMI, FL 33155

**Current Mailing Address:**

7400 SW 50 TERRACE,  
SUITE 200  
MIAMI, FL 33155 US

**FEI Number:** 65-0297612

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OMACHONU, ABO E.  
7400 SW 50 TERRACE  
STE 200  
MIAMI, FL 33155 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 P, DIRECTOR  
Name OMACHONU, ABO E.  
Address 13301 SW 107 AVE  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name OMACHONU, AMANDA  
Address 7400 SW 50 TERRACE  
STE 200  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DAVID, OMACHONU  
Address 7400 SW 50 TERRACE  
STE 200  
City-State-Zip: MIAMI FL 33155

*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:** ABO OMACHONU

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date