### SIGNATURE: ABO OMACHONU

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

### 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

Officer/Director Detail :			
Title	P, DIRECTOR	Title	DIRECTOR
Name	OMACHONU, ABO E.	Name	OMACHONU, AMANDA
Address	13301 SW 107 AVE	Address	7400 SW 50 TERRACE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	STE 200 MIAMI FL 33155
Title	DIRECTOR		
Name	DAVID, OMACHONU		
Address	7400 SW 50 TERRACE STE 200		
City-State-Zip:	MIAMI FL 33155		

Certificate of Status Desired: Yes

# Entity Name: VINTEX QUALITY CARE, INC.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

7400 SW 50 TERRACE, SUITE 200 MIAMI, FL 33155

DOCUMENT# S90115

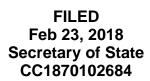
# **Current Mailing Address:**

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

# FEI Number: 65-0297612

02/23/2018 Date

Date



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