## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000004878

Entity Name: QUALITY HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:** 

15280 NW 79TH COURT SUITE 100

MIAMI LAKES, FL 33016

**Current Mailing Address:** 

15280 NW 79TH COURT SUITE 100

MIAMI LAKES, FL 33016 US

FEI Number: 65-1003375 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 04, 2017

**Secretary of State** 

CC3466626387

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

DICKELMAN, ERIC LABARRE, MITRA Name Name

Address 15280 NW 79TH COURT Address 15280 NW 79TH COURT SUITE 100

SUITE 100

MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 City-State-Zip: City-State-Zip:

Title **MANAGER** 

LOZIER, PETER Name

15280 NW 79TH COURT Address

SUITE 100

MIAMI LAKES FL 33016 City-State-Zip:

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC DICKELMAN **MANAGER** Electronic Signature of Signing Authorized Person(s) Detail

04/04/2017 Date