

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004878

Entity Name: QUALITY HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

7600 CORPORATE CENTER DRIVE
SUITE 502
MIAMI, FL 33126

Current Mailing Address:

7600 CORPORATE CENTER DRIVE
SUITE 502
MIAMI, FL 33126 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

Authorized Person(s) Detail :

Title MANAGER
Name ABDULAZIZ, PAMELA
Address 7600 CORPORATE CENTER DRIVE
SUITE 502
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name DAVIS, ANNE
Address 7600 CORPORATE CENTER DRIVE
SUITE 502
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name DICKELMAN, ERIC
Address 7600 CORPORATE CENTER DRIVE
SUITE 502
City-State-Zip: MIAMI FL 33126

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

03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date