

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004878

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**FEI Number:** 65-1003375**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COOK, FATIMA
15280 NW 79TH COURT
SUITE 100
MIAMI LAKES, FL 33016 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	MGR
Name	VANDKYE, DONALD II
Address	323 RIVERSIDE AVE
City-State-Zip:	WESTPORT CT 06880
Title	MGR
Name	SANCHEZ, BARBARA
Address	15280 NW 79TH COURT, SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016
Title	MGR
Name	THE VAN DYKE 1997 FAMILY TRUST
Address	74 N. BEACH STREET
City-State-Zip:	NANTUCKET MA 02554

Title	MGR
Name	VARIABLE INVESTMENT PARTNERS LLC
Address	2615 TOURNAMENT PLAYERS CIRCLE SOUTH
City-State-Zip:	BLAINE MN 55449
Title	MGRM
Name	ZIOMEK, PATRICIA
Address	15280 NW 79TH COURT, SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016
Title	MGR
Name	ELLIS, NORIS M
Address	1700 NE 7TH AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33305

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: PATRICIA ZIOMEK**MANAGING MEMBER****02/05/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date