

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056337

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC3368938157**

**Entity Name:** QUALITAS ASSISTANCE, L.L.C.

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**FEI Number:** 56-2473354

**Certificate of Status Desired:** No

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

CAMPOS, ALEXANDER  
150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131 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            MGRM  
Name            CAMPOS, ALEXANDER  
Address        150 SE 2ND AVE. SUITE 715  
City-State-Zip: MIAMI FL 33131

Title            MGRM  
Name            MUTIS, HERMAN  
Address        150 SE 2ND AVE SUITE 715  
City-State-Zip: MIAMI FL 33131

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXANDER CAMPOS

**MGRM**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date