

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045800

**Entity Name:** QUALITY CARE FOR WOMEN, LLC

**Current Principal Place of Business:**

14571 MUSTANG TRAIL  
SOUTH WEST RANCHES, FL 33330

**Current Mailing Address:**

14571 MUSTANG TRAIL  
SOUTH WEST RANCHES, FL 33330 US

**FEI Number:** 45-1758153

**Certificate of Status Desired:** No

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

DELGADO SPASIC, YARA  
14571 MUSTANG TRAIL  
SOUTH WEST RANCHES, FL 33330 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 DELGADO SPASIC, YARA  
Address 14571 MUSTANG TRAIL  
City-State-Zip: SOUTH WEST RANCHES FL 33330

*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:** YARA DELGADO SPASIC

MGR

04/22/2023

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

\_\_\_\_\_ Date