

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000045800

Entity Name: QUALITY CARE FOR WOMEN, LLC

Current Principal Place of Business:

601 N. FLAMINGO RD SUITE 317
PEMBROKE PINES, FL 33330

Current Mailing Address:

601 N. FLAMINGO RD SUITE 317
PEMBROKE PINES, 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

OWNER

02/15/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date