

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045800

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

**Current Principal Place of Business:**

601 NORTH FLAMINGO ROAD  
SUITE 317  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

601 NORTH FLAMINGO ROAD  
SUITE #317  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 45-1758153

**Certificate of Status Desired:** No

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

DELGADO SPASIC, YARA  
601 NORTH FLAMING ROAD  
SUITE #317  
PEMBROKE PINES, FL 33028 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 601 NORTH FLAMINGO ROAD  
SUITE #317  
City-State-Zip: PEMBROKE PINES FL 33028

*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

01/24/2014

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

\_\_\_\_\_  
Date