

2015 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

01/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date