

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000590

**Entity Name:** 3625 QP PARTNERS LLC

**Current Principal Place of Business:**

3625 QUEEN PALM DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

546 ROUTE 46 W  
TETERBORO, NJ 07608

**FEI Number:** 46-1653757

**Certificate of Status Desired:** No

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

THE CENTER FOR ALLIED HEALTH & NURSING ED  
10126 WINDHORST RD.  
TAMPA, FL 33619 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 KARZHEVSKY, GREG  
Address 25 VALENZA LANE  
City-State-Zip: BLAUVELT NY 10913

Title MGRM  
Name LITVACK, STEVEN  
Address 85 HEATHER DRIVE  
City-State-Zip: ROSLYN NY 11576

*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:** GREG KARZHEVSKY

**MANAGING MBR**

**01/08/2015**

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

\_\_\_\_\_  
Date