

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163555

**Entity Name:** QUALITAS HOME MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1688 MERIDIAN AVE., STE. 900  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1688 MERIDIAN AVE., STE. 900  
MIAMI BEACH, FL 33139

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FILLER, DAVID F ESQ.  
1688 MERIDIAN AVE., STE. 900  
MIAMI BEACH, FL 33139 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 VALVERDE, RENE J  
Address 1581 BRICKELL AVE  
2103  
City-State-Zip: MIAMI FL 33129

*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:** RENE J VALVERDE

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_ Date