

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000107710

**Entity Name:** QUALCARE MEDICAL GROUP, LLC

**Current Principal Place of Business:**

210 SOUTH FEDERAL HIGHWAY  
2NF FLOOR  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

210 SOUTH FEDERAL HIGHWAY  
2NF FLOOR  
HOLLYWOOD, FL 33020 US

**FEI Number:** 65-0730095

**Certificate of Status Desired:** No

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

GRNJA, MARK  
210 SOUTH FEDERAL HIGHWAY  
2NF FLOOR  
HOLLYWOOD, FL 33020 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 VP  
Name MARK , GRNJA  
Address 210 SOUTH FEDERAL HIGHWAY  
2NF FLOOR  
City-State-Zip: HOLLYWOOD FL 33020

*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:** MARK GRNJA

**CEO**

**06/15/2018**

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

\_\_\_\_\_  
Date