

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000050365

Entity Name: QUALITY HEALTH SOLUTION LLC**Current Principal Place of Business:**901 SOUTH STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023**Current Mailing Address:**901 SOUTH STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSAN, SYED S
901 SOUTH STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023 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 AMBR
Name ARSAL INC.
Address 11400 NW 32ND MANOR
City-State-Zip: SUNRISE FL 33323Title AMBR
Name IZZA CORP.
Address 2895 SW 128TH AVENUE
City-State-Zip: MIRAMAR FL 33027Title AMBR
Name RAYAN MEGHANI INC.
Address 10938 MAINSAIL DRIVE
City-State-Zip: HOLLYWOOD FL 33026Title AMBR
Name HASSAN, ISMA
Address 11400 NW 32ND MANOR
City-State-Zip: SUNRISE FL 33323

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: MOHAMMED MEGHANI**OWNER****04/30/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date