

**2019 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 33323

Title AMBR  
Name IZZA CORP.  
Address 2895 SW 128TH AVENUE  
City-State-Zip: MIRAMAR FL 33027

Title AMBR  
Name RAYAN MEGHANI INC.  
Address 10938 MAINSAIL DRIVE  
City-State-Zip: HOLLYWOOD FL 33026

Title 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:** MOHAMMAD MEGHANI

**PRESIDENT**

**04/12/2019**

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

\_\_\_\_\_  
Date