

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000137478

**Entity Name:** QMS HEALTH, LLC

**Current Principal Place of Business:**

9880 NW 10TH STREET  
PLANTATION, FL 33322

**Current Mailing Address:**

9880 NW 10TH STREET  
PLANTATION, FL 33322 US

**FEI Number: 83-0820468**

**Certificate of Status Desired:** Yes

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

SYNE, SHIVANA  
9880 NW 10TH STREET  
PLANTATION, FL 33322 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	Title	MGR
Name	SYNE, SHIVANA S	Name	DUONG, QUYEN M
Address	9880 NW 10TH STREET	Address	9248 OAK ALLEY DRIVE
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	LAKE WORTH FL 33467
Title	MGR		
Name	KACOU, MELISSA J		
Address	10534 WILLOW OAK COURT		
City-State-Zip:	WELLINGTON FL 33414		

*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: SHIVANA SYNE**

**MANAGER**

**04/22/2019**

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

\_\_\_\_\_  
Date