I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am a managing member or manager of the limited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: MICHAEL STRONGIN	MGR	04/11/2024

SIGNATURE: MICHAEL STRONGIN

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

STRONGIN, MICHAEL 9559 COLLINS AVENUE, 409 SURFSIDE, FL 33154 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	MICHAEL STRONGIN		04/11/2024	
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	STRONGIN, MICHAEL	Name	Q5 MANAGEMENT LLC	
Address	9559 COLLINS AVENUE, 409	Address	9559 COLLINS AVENUE, 409	
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154	

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000005761

Entity Name: Q5 HEALTHCARE LLC

Current Principal Place of Business:

9559 COLLINS AVENUE, 409 SURFSIDE, FL 33154

Current Mailing Address:

9559 COLLINS AVENUE, 409 SURFSIDE, FL 33154 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

FILED Apr 11, 2024 Secretary of State 4785654931CC

Date