#### 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000005761

Entity Name: Q5 HEALTHCARE LLC

**FILED** Apr 11, 2024 **Secretary of State** 4785654931CC

# **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

#### 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

> Date Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

Title MGR Title **MANAGER** 

Q5 MANAGEMENT LLC Name STRONGIN, MICHAEL Name 9559 COLLINS AVENUE, Address Address

9559 COLLINS AVENUE,

City-State-Zip: SURFSIDE FL 33154 City-State-Zip: SURFSIDE FL 33154

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.