NGIN, MICI COLLINS A' I BEACH, F		
oove named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stat	e of Florida.
NATURE:	MICHAEL STRONGIN	04/10/2024
	Electronic Signature of Registered Agent	Date
orized P	erson(s) Detail :	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000005761

Entity Name: Q5 HEALTHCARE LLC

Current Principal Place of Business:

6565 COLLINS AVE MIAMI BEACH. FL 33141

Current Mailing Address:

6565 COLLINS AVE MIAMI BEACH. FL 33141

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

STROM 6565 C MIAMI

SIGN

Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	STRONGIN, MICHAEL	Name	Q5 MANAGEMENT LLC	
Address	6565 COLLINS AVE	Address	6565 COLLINS AVE	
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141	

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: MICHAEL STRONGIN

MGR

04/10/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 10, 2024 Secretary of State 9072269169CC

Certificate of Status Desired: No