

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000189

Entity Name: QUALCARE, INC.

Current Principal Place of Business:

9771 CLAIREMONT MESA BLVD.
STE A
SAN DIEGO, CA 92124

Current Mailing Address:

9771 CLAIREMONT MESA BLVD.
STE A
SAN DIEGO, CA 92124 US

FEI Number: 22-3129563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title VP
Name LIHOU, ALICE
Address 9771 CLAIREMONT MESA BLVD.
STE A
City-State-Zip: SAN DIEGO CA 92124

Title PRESIDENT
Name SUN, ALEX
Address 9771 CLAIREMONT MESA BLVD.
STE A
City-State-Zip: SAN DIEGO CA 92124

Title SOLE DIRECTOR
Name SUN, ALEX
Address 9771 CLAIREMONT MESA BLVD.
STE A
City-State-Zip: SAN DIEGO CA 92124

Title SECRETARY
Name KROON, STEPHANIE
Address 9771 CLAIREMONT MESA BLVD.
STE A
City-State-Zip: SAN DIEGO CA 92124

Title TREASURER
Name BROWN, NORMAN
Address 9771 CLAIREMONT MESA BLVD.
STE A
City-State-Zip: SAN DIEGO CA 92124

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE KROON

SECRETARY

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date