

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90571 036 *****55.00

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DOCUMENT # L02000018087

1. Entity Name

QUALITY FINANCIAL HEALTHCARE SOLUTIONS, LLC



Principal Place of Business

**18459 PINES BLVD. #308
PEMBROKE PINES FL 33029**

Mailing Address

**18459 PINES BLVD. #308
PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2366778

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STRAUS, ARNOLD JR.
10081 PINES BLVD. SUITE C
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **VP OF HUMAN RESOURCES** ☐ Delete
NAME **DEBORAH M. CARPENTER**
STREET ADDRESS **18459 NW 55TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33055-5345**

TITLE **VP OF OPERATIONS** ☐ Delete
NAME **THANIA C. MARBRY**
STREET ADDRESS **1481 W. FAIRWAY ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **PRESIDENT/CEO/MARKETING** ☐ Delete
NAME **KEITH MILLER**
STREET ADDRESS **449 PLANTATION COURT**
CITY-ST-ZIP **STOCKBRIDGE, GA 30281**

TITLE **VP OF FINANCE/CEO/SECRETARY** ☐ Delete
NAME **PATTY J. MORAN**
STREET ADDRESS **18404 NW 18TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Patty J. Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/28/03

Date

(954) 432-4416

Daytime Phone #

CR2E083 (10/02)