

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018087

1. Entity Name

QUALITY FINANCIAL HEALTHCARE SOLUTIONS, LLC

AMENDED UBR 2003



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
October 16, 2003

10/31

Principal Place of Business

18459 PINES BLVD. #308
PEMBROKE PINES FL 33029

Mailing Address

18459 PINES BLVD. #308
PEMBROKE PINES FL 33029

AMENDED TO UNIFORM BUSINESS
REPORT



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1481 West Fairway Road

Suite, Apt. #, etc.

3. Mailing Address

1481 West Fairway Road

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

4. FEI Number

52-2366778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

200024102212

03--01020--010 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP of Human Resources
Deborah M. Carpenter
18459 NW 55th Avenue
Miami, FL 33055-5345 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP of Operations
Ithania C. Mariboy
1481 West Fairway Road
Pembroke Pines, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP of Finance/CFO/Secretary
Patty J. Moran
18404 NW 18th Street
Pembroke Pines, FL 33029-3805 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/CFO/Marketing & Compliance
D. Keith Miller
2326 Dove Court
Rocky Mount, NC 27804 ☒ Change ☐ Addition

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

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

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

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

Patty J. Moran

10/16/03

(954) 432-4416

Signature and typed or printed name of signing
managing member, manager, or authorized representative

Date

Daytime Phone #