

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000013089

Entity Name: DR. GABONE QHSC, INC.

Current Principal Place of Business:

2004 FOXTAIL VIEW COURT
WEST PALM BEACH, FL 33411

Current Mailing Address:

2004 FOXTAIL VIEW COURT
WEST PALM BEACH, FL 33411 US

FEI Number: 84-3543971

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GABONE, HARRIETH KOKUSHUBILA DR.
2004 FOXTAIL VIEW COURT
WEST PALM BEACH, FL 33411 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: HARRIETH KOKUSHUBILA GABONE

02/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO & FOUNDER
Name GABONE, HARRIETH KOKUSHUBILA DR.
Address 2004 FOXTAIL VIEW CT
City-State-Zip: WEST PALM BEACH FL 33411

Title VP
Name SIACA BEY, PER ANKH K.G
Address 154 QUEEN VICTORIA ST
City-State-Zip: CULPEPER VA 22701

Title TR
Name DUDECK, KATHRYN ELIZABETH
Address 12031 CYPRESS KEY WAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title SEC
Name DANTES, VALENTINE
Address 5763 LINCOLN CIRCLE EAST
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, BOARD
Name MSAMBICHAKA, LILIAN DR.
Address 11 KATLYN DR.
City-State-Zip: TOWNSEND DE 19734

Title DIRECTOR, BOARD
Name RANDALL, GWEN DR.
Address 1050 UNION UNIVERSITY DR.
City-State-Zip: JACKSON TN 38305-3656

Title DIRECTOR, BOARD
Name JONES, VICTORIA
Address 1100 MARISA LN
City-State-Zip: DESOTO TX 75115

Title DIRECTOR, BOARD
Name MUSA, JANET
Address 11718 LAUREL VALLEY CIRCLE
City-State-Zip: WELLINGTON FL 33414

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARRIETH K. GABONE

DR.

02/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, BOARD
Name SCHNEIDER, ANNIE
Address 4101 SPRING GROVE AVE.
 UNIT 212
City-State-Zip: CINCINNATI OH 45223