**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 28, 2025**
**Secretary of State**
**2667456936CC**

DOCUMENT# P12000023858

**Entity Name:** QUALITY HEALTHCARE SYSTEMS, CORP

**Current Principal Place of Business:**

41 SE 5 ST
APT 709
MIAMI, FL 33131

**Current Mailing Address:**

41 SE 5 ST
APT 709
MIAMI, FL 33131 US

**FEI Number: 45-4763032**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARRECHEA, KARLA M
41 SE 5 ST
APT 709
MIAMI, FL 33131 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: KARLA M ARRECHEA 04/28/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P/T |
| Name | ARRECHEA, KARLA M |
| Address | 41 SE 5 ST<br>APT 709 |
| City-State-Zip: | MIAMI FL 33131 |

*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: KARLA MARINA ARRECHEA PRESIDENT 04/28/2025

Electronic Signature of Signing Officer/Director Detail — Date