

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023858

**Entity Name:** QUALITY HEALTH SYSTEMS CORP

**Current Principal Place of Business:**

BRICKELL CITY CENTRE  
88 SW 8 ST 3001  
MIAMI, FL 33130

**Current Mailing Address:**

BRICKELL CITY CENTRE  
88 SW 7 ST 3001  
MIAMI, FL 33130 US

**FEI Number:** 45-4763032

**Certificate of Status Desired:** No

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

ARRECHEA, KARLA M  
BRICKELL CITY CENTRE  
88 SW 7 ST 3001  
MIAMI, FL 33130 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

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARRECHEA, KARLA M  
Address        BRICKELL CITY CENTRE  
                  88 SW 8 ST 3001  
City-State-Zip: MIAMI FL 33130

*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 ARRECHEA

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date