

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027325

Entity Name: QUALITY HEALTH CARE INC. OF FLORIDA**Current Principal Place of Business:**8701 US HWY 1
SEBASTIAN, FL 32958**Current Mailing Address:**8701 US HWY 1
SEBASTIAN, FL 32958 US**FEI Number:** 65-0907152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SADHWANI, DEEPTI MD
1840 BAYVIEW CT
VERO BEACH, FL 32963 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SADHWANI, DEEPTI MD
Address	1840 BAYVIEW COURT
City-State-Zip:	VERO BEACH FL 32963

Title	V
Name	SADHWANI, HARISH MD
Address	1840 BAYVIEW COURT
City-State-Zip:	VERO BEACH FL 32963

Title	T
Name	SADHWANI, DIVYA
Address	1840 BAYVIEW COURT
City-State-Zip:	VERO BEACH FL 32963

Title	S
Name	SADHWANI, ANAND
Address	1840 BAYVIEW COURT
City-State-Zip:	VERO BEACH FL 32963

Title	D
Name	SADHWANI, ROHAN
Address	1840 BAYVIEW COURT
City-State-Zip:	VERO BEACH FL 32963

Title	S
Name	LULLA, MAMTA
Address	8701 US HWY 1
City-State-Zip:	SEBASTIAN FL 32958

Title	S
Name	LULLA, SUSHIL
Address	8701 US HWY 1
City-State-Zip:	SEBASTIAN FL 32958

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: HARISH SADHWANI

MD

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date