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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

5901 US HWY, 19

Current Principal Place of Business:

DOCUMENT# L15000116736

5901 US HWY. 19

7

7 NEW PORT RICHEY, FL 34652 US

FEI Number: 47-4565778

NEW PORT RICHEY, FL 34652

Current Mailing Address:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: QUALIFIED PROFESSIONAL CENTER, LLC

BURNARD, HARRY III 5901 US HWY. 19 NEW PORT RICHEY, FL 34652 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:

Authorized Person(s) Detail :

	MANAGER	Title	MANAGER	Title
A	BURNARD, MARY A	Name	BURNARD, HARRY III	Name
SUITE 7	5901 US HWY. 19, SUI	Address	5901 US HWY. 19, SUITE 7	Address
EY FL 34652	NEW PORT RICHEY	City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:
SUITE 7	5901 US HWY. 19, SUI	Address	5901 US HWY. 19, SUITE 7	Address

SIGNATURE: MARY A BURNARD

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

02/20/2023 Date

Date