

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000078895

Entity Name: QPI HEALTHCARE SERVICES LLC

Current Principal Place of Business:

124 N. 2ND STREET
FORT PIERCE, FL 34950

Current Mailing Address:

124 N. 2ND STREET
FORT PIERCE, FL 34950 US

FEI Number: 81-2365461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEYMOUR, PAM
124 N. 2ND STREET
FORT PIERCE, FL 34950 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

Authorized Person(s) Detail :

Title MGR
Name SEYMOUR, PAM
Address 124 N 2ND ST
City-State-Zip: FT PIERCE FL 34950

Title COO
Name MAGEE, JACKYE
Address 340 W CENTRAL AVE - STE. 220
City-State-Zip: WINTER HAVEN FL 33880

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.

SIGNATURE: PAM SEYMOUR

MGR

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date