

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000252805

Entity Name: MOBILE QUALITY CARE, LLC

Current Principal Place of Business:

3755 VIA POINCIANA
APT 405
LAKEWORTH, FL 33467

Current Mailing Address:

3755 VIA POINCIANA
APT 405
LAKEWORTH, FL 33467 US

FEI Number: 82-3691053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIRALDO, SANDRA P
3755 VIA POINCIANA
APT 405
LAKEWORTH, FL 33467 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: SANDRA PATRICIA GIRALDO

04/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GIRALDO, SANDRA P
Address 3755 VIA POINCIANA
APT 405
City-State-Zip: LAKEWORTH FL 33467

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: SANDRA GIRALDO

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date