

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000033344

**Entity Name:** QUALITY MEDICAL COM LLC

**Current Principal Place of Business:**

4812 BRIER ROSE LN  
KISSIMMEE, FL 34746

**Current Mailing Address:**

7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819 US

**FEI Number: 38-4059880**

**Certificate of Status Desired: No**

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

INTERNATIONAL DIVISION BY LARSON LLC  
7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819 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: CAROLINE G LARSON**

**02/21/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	PEREIRA FABBRI, CAIO HENRIQUE	Name	PEREIRA FABBRI, FELLIPE RAFAEL
Address	99 GREGORIO MATOS STREET APT 134	Address	130 ALBERTO RAMOS STREET APT 181
City-State-Zip:	SAO PAULO 03344-020	City-State-Zip:	SAO PAULO 03222-000

*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: PEREIRA FABBRI, CAIO HENRIQUE**

**MANAGER**

**02/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date