

2025 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 17
ORLANDO, FL 32819 US

FEI Number: 38-4059880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING GROUP
7901 KINGSPONTE PKWY STE 17
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

01/23/2025

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: CAIO HENRIQUE PEREIRA FABBRI

MANAGER

01/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date