2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2024
Secretary of State
5428615103CC

DOCUMENT# L19000259622

Entity Name: QUALITY HOME THERAPY PLLC

Current Principal Place of Business:

2287 MEADOW MIST CT
NAVARRE, FL 32566

Current Mailing Address:

2287 MEADOW MIST CT
NAVARRE, FL 32566

FEI Number: 84-3524973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKBURN, KELLY A
2287 MEADOW MIST CT
NAVARRE, FL 32566 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	AR
Name	BLACKBURN, KELLY A
Address	2287 MEADOW MIST CT
City-State-Zip:	NAVARRE FL 32566

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: KELLY BLACKBURN AR 01/20/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date