

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002970

Entity Name: GENOA, A QOL HEALTHCARE COMPANY, LLC

Current Principal Place of Business:

18300 CASCADE AVENUE SOUTH
SUITE 251
TUKWILA, WA 98188

Current Mailing Address:

18300 CASCADE AVENUE SOUTH
SUITE 251
TUKWILA, WA 98188 US

FEI Number: 27-0556097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTORY	Title	PRESIDENT, CEO, & SECRETARY
Name	ZUERN, MAKENZIE	Name	FIGUEROA, JOHN
Address	18300 CASCADE AVENUE SOUTH SUITE 251	Address	18300 CASCADE AVENUE SOUTH SUITE 251
City-State-Zip:	TUKWILA WA 98188	City-State-Zip:	TUKWILA WA 98188
Title	CFO	Title	COO
Name	BREED, VICTOR	Name	VUCUREVICH, DAVID
Address	18300 CASCADE AVENUE SOUTH SUITE 251	Address	18300 CASCADE AVENUE SOUTH SUITE 251
City-State-Zip:	TUKWILA WA 98188	City-State-Zip:	TUKWILA WA 98188
Title	EXECUTIVE VICE PRESIDENT		
Name	PETERSON, MARK		
Address	18300 CASCADE AVENUE SOUTH SUITE 251		
City-State-Zip:	TUKWILA WA 98188		

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: MAKENZIE ZUERN

DIRECTOR

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date