

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005221

Entity Name: QUANTUM HEALTH, INC.**Current Principal Place of Business:**5240 BLAZER PKWY
DUBLIN, OH 43017**Current Mailing Address:**5240 BLAZER PKWY
DUBLIN, OH 43017 US**FEI Number:** 20-8423895**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
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:** MARK WILLIAMS

01/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	KRYSIAK, BRUCE
Address	6 ARCHIPELAGO DRIVE
City-State-Zip:	NEWPORT COAST CA 92657

Title	DIRECTOR
Name	TROTT, KARA
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

Title	DIRECTOR
Name	TABOR, MARK
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

Title	DIRECTOR
Name	CORFINO, RAFAEL
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

Title	PRESIDENT
Name	SKAGGS, SHANNON
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

Title	SECRETARY
Name	DOOLITTLE, CHRISTOPHER SCOTT
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

Title	TREASURER
Name	DOOLITTLE, CHRISTOPHER SCOTT
Address	5240 BLAZER PKWY
City-State-Zip:	DUBLIN OH 43017

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON SKAGGS

PRESIDENT

01/17/2021

Electronic Signature of Signing Officer/Director Detail

Date