

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004522

**Entity Name:** APS HEALTHCARE QUALITY REVIEW, INC.

**Current Principal Place of Business:**

777 EAST PARK DRIVE  
HARRISBURG, PA 17111

**Current Mailing Address:**

777 EAST PARK DRIVE  
HARRISBURG, PA 17111 US

**FEI Number:** 47-1538940

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title CEO, PRESIDENT, DIRECTOR  
Name WEAVER, SUSAN  
Address 777 EAST PARK DRIVE  
City-State-Zip: HARRISBURG PA 17111

Title COO, DIRECTOR, EVP  
Name HARRIS, MEGHAN  
Address 777 EAST PARK DRIVE  
City-State-Zip: HARRISBURG PA 17111

Title CCO, DIRECTOR, SECRETARY  
Name LEIGH, MELISSA  
Address 777 EAST PARK DRIVE  
City-State-Zip: HARRISBURG PA 17111

Title CFO, DIRECTOR, TREASURER  
Name ADAMS, BENJAMIN  
Address 777 EAST PARK DRIVE  
City-State-Zip: HARRISBURG PA 17111

*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:** MELISSA LEIGH

**SECRETARY**

**03/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date