

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000189

Entity Name: QUALCARE, INC.**Current Principal Place of Business:**30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08859**Current Mailing Address:**30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08859 US**FEI Number:** 22-3129563**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

Officer/Director Detail :

Title DIRECTOR
Name MADEJA, , PETER C.
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title PRESIDENT
Name LYNCH, , ARTHUR
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title SECRETARY
Name STEPHANIE , KROON
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title TREASURER
Name BROWN, , NORMAN
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title VP
Name LIHOU, , ALICE
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title VP
Name MADEJA, , PETER C.
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

Title VP
Name SUN, , ALEX
Address 30 KNIGHTSBRIDGE ROAD
City-State-Zip: PISCATAWAY NJ 08859

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: STEPHANIE , KROON**SECRETARY****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date