

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90001 046 ***150.00

01/09/07 AT

DOCUMENT # P0000079388
1. Entity Name
 QUINCY CARE, P.A.

Principal Place of Business 300 E JEFFERSON ST
 QUINCY FL 32351
Mailing Address 300 E JEFFERSON ST
 QUINCY FL 32351

2. Principal Place of Business 107 E Jefferson St
 Suite, Apt. #, etc.
3. Mailing Address 107 E Jefferson St
 Suite, Apt. #, etc.
City & State Quincy, FL

Zip 32351 **Country** U.S.A.

4. FEI Number 59-3671143
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BIANCO, LINDA
 1887 MILLERS LANDING
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO Linda Bianco
STREET ADDRESS	1887 Miller Landing
CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec. Lori Kennedy
STREET ADDRESS	5102 Old Hickory
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED (Linda Bianco)* 08-20-01 850-627-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)

Attachment
#P00000079388
A0082755

Quincy Care

A Nurse Practitioner Practice

107 E. Jefferson Street, Quincy, Florida 32351
Phone: (850) 627-9261 Fax: (850) 875-2676

L. Bianco, ARNP

L. Kennedy, ARNP

August 22, 2001

To Whom it May Concern,

The 2001 Uniform Business Report mailed in January was never received in the office. (Perhaps due to address conflict). Upon calling the division of Corporations, on August 21, 2001 it was recommended to affix the original fee \$150.00 to this report.

Thank-you for consideration of this matter.

Sincerely,

Linda Bianco

Linda Bianco ARNP

Quincy Care, CEO