FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

-

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 469808

DONALD T. QUICK, M.D., P.A.

(0)

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 310 8 PALM AVE #3 PALATKA FL 32177 310 S PALM AVE #3 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1975 2. Principal Place of Business Mailing Address 4 FEI Number 20. Applied For 21 59-1560011 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent QUICK, DONALD T 81 Name 310 S PALM AVE #3 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 83 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or pointed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE ☐ Change ☐ Addition QUICK, DONALD T NAME 1.2 NAME 310 S PALM AVE #3 1.3 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 annual report or supplier ental annual 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 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 14 or Block 15 or Block 16 or Block 17 or Block