

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 007 ***150.00

DOCUMENT # 469808

1. Entity Name

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

Principal Place of Business

**6121 SAINT JOHNS AVE
 PALATKA FL 32177**

Mailing Address

**6121 SAINT JOHNS AVE
 PALATKA FL 32177**

2. Principal Place of Business

800 ZEAGHER DRIVE

3. Mailing Address

800 ZEAGHER DRIVE

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

PALATKA FL

City & State

PALATKA FL

Zip

32177

Country

Zip

32177

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1560011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUICK, DONALD T
 6121 SAINT JOHNS AV
 PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 ZEAGHER DRIVE # 230

City

PALATKA

FL

Zip Code

32177

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

Donald T. Quick, M.D., P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	QUICK, DONALD T	
STREET ADDRESS	6121 ST. JOHNS AVE	
CITY-ST-ZIP	PALATKA FL 32177	
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
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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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK DONALD T	
STREET ADDRESS	800 ZEAGHER DRIVE # 230	
CITY-ST-ZIP	PALATKA . FL 32177	
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		
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:

Donald T. Quick, M.D., P.A.

2/7/02

(386) 328-0372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)