

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853111 (3)

1. Corporation Name:
HEALTH QUEST MANAGEMENT CORPORATION VII



Principal Place of Business Mailing Address
315 W. JEFFERSON 315 W. JEFFERSON
SOUTH BEND IN 46801 SOUTH BEND IN 46801-1512

3. Date Incorporated or Qualified 06/09/1982 3a. Date of Last Report 05/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 35-1458938 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

KELLY, THOMAS
7979 S. TAMiami TRAIL
SARASOTA FL 33581

81 Name Donna Vliet
82 Street Address (P.O. Box Number is Not Acceptable) 7979 S. Tamiami Trail
83
84 City Sarasota FL 85 Zip Code 34231

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 Donna Vliet, Administrator (NOTE: Registered Agent signature required when reinstating) DATE 4-10-97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	
NAME	GARATONI, LAWRENCE H.	1.2 NAME	
STREET ADDRESS	315 W. JEFFERSON	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WRIGHT, TONY	2.2 NAME	
STREET ADDRESS	315 W JEFFERSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LOESER, CHARLES	3.2 NAME	
STREET ADDRESS	315 W JEFFERSON	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	HUNT, MARY	4.2 NAME	
STREET ADDRESS	315 W JEFFERSON	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental 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 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Loeser 219-236-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, mo Phone #

0478677

CR2E034 (9/96)