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 # 853111

(3)

FILED Apr 23 1998 8:00am Secretary of State

HEALTI	H QUEST M ANAGEMENT C	ORPORATION VII			
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		ii digil gebii dhaii bidii 1801
315 W. JEFFERSON 315 W. JEFFERSON SOUTH BEND IN 46601 SOUTH BEND IN 46601					
		-		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				06/09/1982	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		35-1458938	Not Applicable
22 Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
— ^{Zip}	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
14.	9, Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered	Agent
	ET, DONNA		81 Name		
7979 \$. TAMIAMI TRAIL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SA	RASO TA FL 34231				
			83		
			84 City		85 Zip Code
			11	FL	. '
	to the provisions of Sections 697.050 egistered agent, or both, in the State im familiar with, and accept the obligation of the provision of the provision of the provision of the provision of the provisions	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat- orida Statutes.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the applications are supported in the purpose of	of changing its registered pointment as registered
SIGNATURE	Signature, typed or prioted name of registered ago	ct and ble if applicable (NOT	E Registered Agent signature require	red when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
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	VO	DELETE	2.1 TITLE .	1.00	Change Addition
NAME	WRIGHT, TONY		2.2 NAME		
STREET ADDRESS	315 W JEFFERSON		2.3 STREET ADDRESS		
CITY-ST-ZIP	\$O UTH BEND IN		2. 4 CITY - ST - ZIP		
TITLE	80	DELETE	3.1 TITLE		Change Addition
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	☐ DEL€TE	4.1 TITLE		Change Addition
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		· <u>_</u>
MILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		<u> </u>
TITLE		☐ DELE TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. 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 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 12 if financed, or on an attachment with an address.