

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 855274

1. Entity Name
QUALITY HEALTH OF FERNANDINA BEACH, INC.



Principal Place of Business
1181 VICKERY LANE
SUITE 200
CORDOVA, TN 38016-0633

Mailing Address
1181 VICKERY LANE
SUITE 200
CORDOVA, TN 38016-0633



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0668747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LOW, JOHN T.C.
133 OLYMPIA FIELDS
JACKSON, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FAUST, JOHN M.
125 S 28TH AVE
HATTIESBURG, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST, DELLA ROSE
125 S 28TH AVE
HATTIESBURG, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BUCHANAN, ROBERT
114 CHARRY HILL
JACKSON, MS 39205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
BAKER, MARTIN H.
202 HILLEDALE DR.
HATTIESBURG, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000678219
04/02/07-80024-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Faust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

Date

Daytime Phone #