

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **F96000005581 (1)**

1. Corporation Name  
**QUEST MEDICAL SUPPLY, INC.**

Principal Place of Business

**6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

Mailing Address

**ACCOUNTS PAYABLE DEPARTMENT  
P.O. BOX 2070  
ALPHARETTA GA 30023-2070**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1986**

4. FEI Number

**58-2304143**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **6025 SHILOH ROAD**

Suite, Apt. #, etc.

22 **SUITE A**

City & State

23 **ALPHARETTA, GA**

Zip

24 **30005**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P  
FOX, DONALD F  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**S  
REES, PHILIP  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD  
TUCKER, DARRELL C  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**DC  
BROGDON, CHRIS  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**DC  
LANE, EDWARD E  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**DC  
LANE, EDWARD E  
6000 LAKE FOREST DR., #200  
ATLANTA GA 30328**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

**6025 SHILOH RD., STE A  
ALPHARETTA, GA 30005**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP ☐ Change ☐ Addition

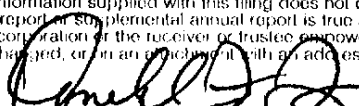
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP ☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP ☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 13 if changed, or in an amendment with an address.

SIGNATURE:



**DONALD F. FOX**

**2/25/98**

**770-886-2600**

CP2E034 (10/97)