FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # G42196 (7)

1. Corporation Name
QUIK CARE OF FLORIDA, INC.

Principal Place of Business
% LINDA A. SCHLUMBRECHT, M.D.
2075 S. TAMIAMI TRAIL
SARASOTA FL 34239

Mailing Address
% LINDA A. SCHLUMBRECHT, M.D.
2075 S. TAMIAMI TRAIL
SARASOTA FL 34239

3. Date Incorporated or Qualified: 06/03/1983
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-2290445 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 QUIK CARE OF FLORIDA IN
Suite, Apt. #, etc.
22
City & State
23 SARASOTA FL
Zip 24 34243 Country 25 USA

2a. Mailing Address
26 5433 N. WASHINGTON BLVD
Suite, Apt. #, etc.
27
City & State
28 SARASOTA FL
Zip 29 34243 Country 30 USA

9. Name and Address of Current Registered Agent
SCHLUMBRECHT, LINDA A., M.D.
2075 S. TAMIAMI TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name: SCHLUMBRECHT, LINDA A MD
82 Street Address (P.O. Box Number is Not Acceptable): 5933 N WASHINGTON BLVD
83
84 City: SARASOTA FL 85 Zip Code 34243

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHLUMBRECHT, LINDA A MD	1.2 NAME	
STREET ADDRESS	1409 WAGON WHEEL DR	1.3 STREET ADDRESS	8319 ALEXANDRIA COURT S.
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	SARASOTA FL 34238
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda A. Schlumbrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)