


FILED

Apr 25 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 # G42196
1. Corporation Name
QUIK CARE OF FLORIDA, INC.

Principal Place of Business
QUIK CARE OF FLORIDA INC.
2075 S. TAMiami TRAIL
SARASOTA FL 34243
US

Mailing Address
% LINDA A. SCHLUMBRECHT, M.D.
5933 N WASHINGTON BLVD
SARASOTA FL 34243-2257
US

2. Principal Place of Business
21 5933 N WASHINGTON BLVD
22 Suite Apt. # etc.
23 SARASOTA FL
24 34243-2257 25 US

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/03/1983

3a. Date of Last Report
05/01/1996

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

9. Name and Address of Current Registered Agent
SCHLUMBRECHT, LINDA A., M.D.
5933 N WASHINGTON BLVD
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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] MD
[Signature] (NOTE: Registered Agent signature required when reinstating)
DATE 4-18-97

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SCHLUMBRECHT, LINDA A MD
STREET ADDRESS 8319 ALEXANDRIA COURT S
CITY-ST-ZIP SARASOTA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] MD
Date 4-18-97
Daytime Phone # 941 369 1716

CR2E034 (9/96)