

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90614 027 ***150.00

0695623 AT

DOCUMENT # J32281

1. Entity Name

QUICK CARE MEDICAL TREATMENT CENTERS, INC.

Principal Place of Business

% BESSIE JOAN LEVIN
PO BOX 250723
HOLLY HILL FL 32125
US

Mailing Address

% BESSIE JOAN LEVIN
PO BOX 250723
HOLLY HILL FL 32125
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

645 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Holly Hill FL

City & State

Holly Hill FL

Zip

32117

Country

US

Zip

32117

Country

US

6. Name and Address of Current Registered Agent

LEVIN, BESSIE JOAN
645 RIDGEWOOD AVE
HOLLY HILL FL 32017

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32117

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVIN, BESSIE JOAN	
STREET ADDRESS	645 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEVIN, HERBERT L.	
STREET ADDRESS	645 RIDGEWOOD AVENUE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEVIN, JOHN A.	
STREET ADDRESS	645 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Levin

3/19/02 386-2585227

Date Daytime Phone #

CR2E034 (9/01)