# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 26, 2005**
**Secretary of State**

DOCUMENT# J32281

**Entity Name:** QUICK CARE MEDICAL TREATMENT CENTERS, INC.

**Current Principal Place of Business:**

645 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-2713526** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVIN, BESSIE JOAN
645 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: LEVIN, BESSIE JOAN,
Address: 645 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL

Title: VPD ( ) Delete
Name: LEVIN, HERBERT L.,
Address: 645 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL

Title: STD ( ) Delete
Name: LEVIN, JOHN A
Address: 645 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. LEVIN STD 08/26/2005

Electronic Signature of Signing Officer or Director Date