

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32281

FILED
Apr 30, 2007
Secretary of State

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

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 exemption stated in Chapter 119, 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date