

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90294 001 \*\*\*300.00

66009498



|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # J32281</b><br>1. Entity Name<br><b>QUICK CARE MEDICAL TREATMENT CENTERS, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>645 RIDGEWOOD AVE</b><br><b>HOLLY HILL, FL 32117 US</b>  |  |   | Mailing Address<br><b>% BESSIE JOAN LEVIN</b><br><b>PO BOX 250723</b><br><b>HOLLY HILL, FL 32125 US</b>                                     |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |   | 4. FEI Number<br><b>59-2713526</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | 04302008    Chg-P    CR2E034 (12/06)  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LEVIN, BESSIE JOAN</b><br><b>645 RIDGEWOOD AVE</b><br><b>HOLLY HILL, FL 32117</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>LEVIN, BESSIE JOAN<br>645 RIDGEWOOD AVE<br>HOLLY HILL, FL    | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>LEVIN, HERBERT L.<br>645 RIDGEWOOD AVENUE<br>HOLLY HILL, FL | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>LEVIN, JOHN A<br>645 RIDGEWOOD AVE<br>HOLLY HILL, FL        | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    |   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b>  |  | <b>John A. Levin</b>  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |   | Daytime Phone #   |  |
| 4-30-08  |  | 386 2585227   |   |   |  |