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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J35379

COMMUNITY QUICK MEDICAL CLINICS, INC.

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Principal Place of Business		Malling Address	Malling Address							-
1380 U.S. #1 SUITE #1		1360 U.S. #1 Suite #1	SUITE #1			20 107 100		DD46E		,
VERO BEACH FL 32960		VERO BEACH FL 329	VERO BEACH FL 32960			DO NOT WRITE IN THIS SPACE				
		-				3. Date Incorporated or Qualifed 09/25/1986	· · · · · · · · · · · · · · · · · · ·			
2. Principal P	lace of Business	2a. Malling Address	2a. Malling Address			4. FEI Number			plied For	
[21]		26				59-2727309			t Applicable	
Suita, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired ———	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	o Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the cur	ment year inta	angible	_	
24	25	29	30			Personal Property Tex.		Yes	□No	İ
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New	Registered /	Agent		
				81 Na	ne					
COMM. QUICK MEDICAL CLINIC, JOH		, JOHN SONG M.D.	N SONG M.D.		et Addre	ess (P.O. Box Number is Not Accept	table)			
1	TE # 1	•		83						
VER	O BEACH FL 32960			Ш					^-d-	ł
,				84 Cit			FL	11	Code	
i)
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida S	Statutes, the	above-nan	ed corpor	ration submits this statement for the	purpose or c	cusudad in	registered	
11. Pursuant office or n	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida S tate of Florida. Such change w	Statutes, the a	above-nan	ed corpor orporation	oration submits this statement for the n's board of directors. I hereby acce	pt the appoin	changing its	registered gistered	
1	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the ob	.0502 and 607.1508, Florida S tate of Florida. Such change w bligations of, Section 607.0505	Statutes, the a was authorize 5, Florida Sta	above-named by the clutes.	ed corpor orporation	retion submits this atatement for the n's board of directors. I hereby acce	ept the appoin	changing its itment as re	registered gistered	
SIGNATURE			Statutes, the was authorize 5, Florida Sta (NOTE: Registers			when reinstating)	DATE			68
SIGNATURE	Signature, typed or printed name of registeres			d Agent signs			DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registeres	d agent and title If applicable.	(NOTE: Registere	d Agent signs		when reinstating)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and little if applicable. S AND DIRECTORS	(NOTE: Registere 13. TE 1.11	d Agent signs		when reinstating)	DATE	D DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS	(NOTE: Registere 13.) TE 1.11	d Agent signs TILE	ure required v	when reinstating)	DATE	D DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN	d agent and little if applicable. S AND DIRECTORS DELET	(NOTE: Registere 13. TE 1.11 1.2 N 1.3 S 1.4 C	d Agent signs TTLE IAME	ure required v	when reinstating)	DATE	D DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS	(NOTE: Registere 13. TE 1.11 1.2 N 1.3 S 1.4 C	d Agent signs TILE NAME	ure required v	when reinstating)	DATE	D DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CTIY-SI-ZIP	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET	(NOTE: Registere 13.17E 1.17 1.28 1.35 1.4C	d Agent signs: TILE NAME TREET ADOR	ure required v	when reinstating)	DATE	D DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET	(NOTE: Regulators 13 TE 1.11 12N 1.38 1.40 TE 2.11	A Agent signs TILE TAME TREET ADOR TITLE TREET ADOR	re required v	when reinstating)	DATE	D DIRECTO	PRS IN 12	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CTIY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET	(NOTE: Republicano 13	I Agent signs TILE IAME ITREET ADOR TILE IAME ITREET ADOR CITY-ST-ZIP TILE TREET ADOR CITY-ST-ZIP	re required v	when reinstating)	DATE	D DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET	(NOTE: Republicano 13	I Agent signs TILE LAME TREET ADOR TILE LAME TREET ADOR TILE LAME TREET ADOR CITY-ST-ZIP	re required v	when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET	(HOTE Recibiors 13	IN AGENT SIGNE TITLE LAME LITREET ADOR LITREET ADOR CITY-ST-ZIP TITLE LAME LITREET ADOR	SSS SSS	when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP	Signature, typed or printed name of registeres OFFICERS P SONG, JOHN 1360 US #1 SUITE #1	d agent and little if applicable. S AND DIRECTORS DELET DELET DELET	TE 1.17 1.28 1.38 1.40 1.29 2.29 2.41 1.20 2.38 2.41 1.20 2.38 2.41 1.20 2.38 2.41 1.20 2.38 2.41 2.38 2.41 2.58 2.58 2.41 2.58 2.58 2.41 2.58 2.58 2.41 2.58 2.58 2.41 2.58 2.58 2.41 2.58 2.58 2.41 2.58 2.58 2.58 2.58 2.58 2.58 2.58 2.58	IN Agent alone TITLE HAME TITLE TITLE HAME TITLE	ESS	when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
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CITY-ST-ZIP

14. 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 amount 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

04-06-1999 90029 001 ***150.00

Apr 06, 1999 8:00 am Secretary of State