
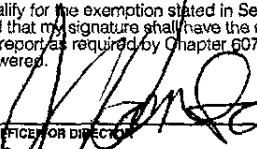


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # J35379</b>  |   |    |
| 1. Entity Name<br><b>COMMUNITY QUICK MEDICAL CLINICS, INC.</b>  |   |   |
| Principal Place of Business<br><b>3660 20TH ST<br/>VERO BEACH, FL 32960</b>   | Mailing Address<br><b>PO BOX 490<br/>VERO BEACH, FL 32961</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>COMM. QUICK MEDICAL CLINIC, JOHN SONG M.D.<br/>3660 20TH AVE<br/>VERO BEACH, FL 32960</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   | DATE _____  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SONG, JOHN<br>3660 20TH AVE<br>VERO BEACH, FL 32960      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |
| SIGNATURE: <u>John Song MD</u>  <u>4/30/05</u> (772) 770-2070<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |



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|--|--|
| 4. FEI Number<br><b>59-2727309</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |  |

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05/03/05-80147-016 150.00

**DO NOT WRITE  
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