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FILED
Mar 17 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19026 (9)

1. Corporation Name

FLORIDA QUALITY CARE, INC.

Principal Place of Business

Mailing Address

**5040 US HIGHWAY 98 NORTH
LAKELAND FL 33809**

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LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1988

4. FEI Number

59-2891022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CONNIE WILKINSON
1750 NORTH BROADWAY
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name

Gregory R. White, MD

82 Street Address (P.O. Box Number is Not Acceptable)

1750 N. Broadway

83

84 City Bartow

FL

85 33830 Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Gregory R. White, MD, President Florida Quality Care, Inc**

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **ADAMS, ROBERT J.**
STREET ADDRESS **4110 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** ☐ DELETE
NAME **WHITE, GREGORY R. MD**
STREET ADDRESS **5040 US 98 N**
CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☐ DELETE
NAME **COGDILL, MICHAEL**
STREET ADDRESS **5040 US 98 N**
CITY-ST-ZIP **LAKELAND FL**

TITLE **T** ☐ DELETE
NAME **WILKINSON, CONNIE**
STREET ADDRESS **5040 US 98 N**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 annual 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2/19/98

(941)533-2030

CR2E034 (10/97)