

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002478

1. Entity Name

HEALTHQUEST INTERNATIONAL GROUP, L.I.C.

FILED

01 APR 30 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

311 First Street  
Indian Rocks Beach, FL 33785

2. Principal Place of Business

3. Mailing Address

Same As Above

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1839611

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Harold E. Marks  
632 Poinsettia Rd  
Belleair, FL 33756

Name

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

City

FL

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.

SIGNATURE

Harold E. Marks

4/26/01

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

(NOTE) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | President                    | <input type="checkbox"/> Delete |
| NAME           | Keith E. Kenyon              |                                 |
| STREET ADDRESS | 14435 Hamlin St. #c          |                                 |
| CITY-ST-ZIP    | Van Nuys, Ca. 91401          |                                 |
| TITLE          | EX. V. PRESIDENT             | <input type="checkbox"/> Delete |
| NAME           | Linda Touchreau              |                                 |
| STREET ADDRESS | 632 Poinsettia Rd            |                                 |
| CITY-ST-ZIP    | Belleair, FL 33756           |                                 |
| TITLE          | V. PRESIDENT                 | <input type="checkbox"/> Delete |
| NAME           | Gary S. Nelson               |                                 |
| STREET ADDRESS | 311 1st. Street              |                                 |
| CITY-ST-ZIP    | Indian Rocks Beach, FL 33785 |                                 |
| TITLE          | Chairman                     | <input type="checkbox"/> Delete |
| NAME           | Harold E. Marks              |                                 |
| STREET ADDRESS | 632 Poinsettia Rd.           |                                 |
| CITY-ST-ZIP    | Belleair, FL 33756           |                                 |
| TITLE          | V. President                 | <input type="checkbox"/> Delete |
| NAME           | Royal Tyne                   |                                 |
| STREET ADDRESS | 50 Harbor View               |                                 |
| CITY-ST-ZIP    | Harbor Bluffs, FL 33770      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Harold E. Marks / Harold E. Marks

4/26/01 (727) 595-0287

CR2E083 (1/100)