NONPROFIT CORPORATION ANNUAL REPORT 1996 COPPORATION FOR ANNUAL REPORT 1996 COPPORATION FOR ANNUAL REPORT 1996 COPPORATION FOR ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS COPPORATION FOR ANNUAL REPORT FOR ANNUA		FILE NO	AA' I IFIL	AR LFF 1	ο φυι.Ζυ				_
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NORTHWEST QUADRANT COMMUNITY HEALTH CENTER, INC. Application of Business	OCU		144100			TIONS			
Principal Place of Business Multing Address \$75 VERNON RD JACKSONNELE FL 32099 Solid April 19209 JACKSONNELE FL 32099 JACKSONNEL	Corporation	on Name			• •				
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S. Date incorporated or Qualified S. Date incorporated or Qualified S. Date of Last Report Of 5/18/1995 Principal Place of Business 2a. Mailing Address 4. FEthunber 59-3141255 Applied For Of5/18/1995 Suite, Apt # etc Scribt, Apt #, etc 5. Certificate of Statute Deemed 58-75 Additions 59-3141255 Applied For Properties Applied F				•			A STATE OF THE STA	bied ichte Arbei Giftt Alfil Affil	, 8484. MIÐIT 11
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9. Name and Address of Current Registered Agent S1	Zip	Count			Country		Trust Fund Contribution	Added Added	to Fees
JOHNSTON, BARBARA MARTIN, ADE, BIRCHFIELD & MICKLER, P.A. 3000 INDEPENDENT SQUARE JACKSONVILE FL 32202 84 City 65 City 66 City 67 City 68 City			ess of Current R	29 egistered Agent	30	· 	Florida Statutes	☐ Yes ☐ No	199.032,
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7.1 7.2 7.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, HENRY
7.4	CITY-ST-ZIP	617 WEST 44TH STREET JACKSONVILLE, FL 32208
8.1 8.2 8.3 8.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOWLER, SARAH 604 N. HOGAN STREET
9.1		JACKSONVILLE, FL 32202
9.2 9.3 9.4	NAME STREET ADDRESS CITY-ST-ZIP	D BILLINGSLEA-HARTLEY, GLORYA 500 ACME STREET #102 JACKSONVILLE, FL 32211
10.3		D JAMES, ISIAH JR. 9026 CAMSHIRE DRIVE JACKSONVILLE, FL 32244
11.1 11.2 11.3 11.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BARNEY P.O. BOX 43441 JACKSONVILLE, FL 32203
12.2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, EDWARD JR. 3620 CLYDE DRIVE JACKSONVILLE, FL 32208
13.1 13.2 13.3 13.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, LATRECE 4968 PRINCELY AVENUE JACKSONVILLE, FL 32208
14.2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VROON, ANTON M.D. 939 EAST CARLOTTA ROAD JACKSONVILLE, FL 32211
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