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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44189 (1)
1. Corporation Name
NORTHWEST QUADRANT COMMUNITY HEALTH CENTER, INC.



Principal Place of Business 5375 VERNON RD. JACKSONVILLE FL 32209 US	Mailing Address 5375 VERNON RD. JACKSONVILLE FL 32209-2711 US
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3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3141255 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, BARBARA
MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FLOWERS, ROBERT 6720 W. VIRGINIA COURT JACKSONVILLE FL	1.1 TITLE	PD FOWLER, SARAH 4214 Pointe Haven Drive Jacksonville, FL 32218
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D EPPS, FRANCINA P.O. BOX 9092 JACKSONVILLE FL	2.1 TITLE	D Epps, Francina 5375 Vernon Road Jacksonville, Florida 32209
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROBINSON, PERRY J 5803 SILVERDALE AVE JAX FL	3.1 TITLE	VS ROWELL, LATRICE 4968 Princely Ave. Jacksonville, FL 32208
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GOODE, ROBERTA 5020 CLEVELAND ROAD JAX FL	4.1 TITLE	TD WILLIAMSON, PERCY 8544 Andaloma St. Jacksonville, FL 32211
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD PETTIS, JEAN 218 W. ADAMS STREET, SUITE 300 JAX FL	5.1 TITLE	M/D Pettis, Jean 5375 Vernon Rd. Jacksonville, FL 32209
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CARTER, LEWIS JAMES I 4302 NOTTER ST. JACKSONVILLE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SARAH FOWLER, President

CR2E037 (9/96)