


FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N44189  
1. Corporation Name

**NORTHWEST QUADRANT COMMUNITY HEALTH CTR. INC.**

Principal Place of Business	Mailing Address
<b>5375 VERNON ROAD</b>	<b>5375 VERNON ROAD</b>
<b>JACKSONVILLE, FLORIDA</b>	<b>JACKSONVILLE, FLORIDA</b>
<b>32209</b>	<b>32209</b>

3. Date Incorporated or Qualified <b>07/05/91</b>	
4. FEI Number <b>59-3141255</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JOHNSTON, BARBARA**  
**MARTIN, ADE, BIRCHFIELD, & MICKLER, P.A.**  
**ONE INDEPENDENT DRIVE -SUITE 3000**  
**JACKSONVILLE, FLORIDA 32202**

**10. Name and Address of New Registered Agent**

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

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's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>SARAH FOWLER</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>4214 POINTE HAVEN, DR.</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32218</b>		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <b>TD</b>	NAME <b>PERCY WILLIAMSON</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>8544 ANDALONA STREET</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32211</b>		
TITLE <b>D</b>	NAME <b>FRANCIA EPPS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>5375 VERNON ROAD</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32209</b>		
TITLE <b>MD</b>	NAME <b>JEAN PETTIS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>5375 VERNON ROAD</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32209</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>ISIAH WILLIAMS</b>	
23 STREET ADDRESS <b>5905 CASTLE BOULEVARD</b>	
24 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32209</b>	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME <b>SD</b>	
33 STREET ADDRESS <b>ELIZABETH MEANS</b>	
34 CITY-ST-ZIP <b>UNIVERSITY MEDICAL CENTER</b>	
41 TITLE <b>655 W. 8th ST. JACKSONVILLE, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS <b>300002538183</b>	
54 CITY-ST-ZIP <b>-05/28/98--01013--038</b>	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  **SARAH FOWLER** **1/2/98** **338-8371 (x330)**

CR2E037 (10/97)

322