FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001223 (7)

1. Corporation Name

HEALTHMARK OF QUINCY, INC.

Principal Place of Business	Mailing Address
P O BOX 819 US HWY 90 E QUINCY FL 32353-0819 US	25 WEST CEDAR STREET SUITE 501 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3178396 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, JAMES H 25 WEST CEDAR STREET SUITE 501 PENSACOLA FL 32501	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P D ☒ Change ☐ Addition
NAME	THOMPSON, JAMES H	1.2 NAME	thompson, James H
STREET ADDRESS	~~RT 2 BOX 155C~~	1.3 STREET ADDRESS	90 CHANTECLAIRE CIRCLE
CITY-ST-ZIP	~~FREEPORT FL 32439~~	1.4 CITY-ST-ZIP	GULF BREEZWE, FL 32561
TITLE	SD	2.1 TITLE	SD ☐ Change ☒ Addition
NAME	~~MONTGOMERY, JOEL O~~	2.2 NAME	JIM THOMAS
STREET ADDRESS	~~RT 4 BOX 39W~~	2.3 STREET ADDRESS	108 COUNTRY ,MANOR DR
CITY-ST-ZIP	~~DEFUNIAK SPRINGS FL 32433~~	2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	TD	3.1 TITLE	TD ☐ Change ☒ Addition
NAME	~~YELL, LINDA S~~	3.2 NAME	LEE LUPTON
STREET ADDRESS	~~RT 5 BOX 300~~	3.3 STREET ADDRESS	306 RAIL AVENUE
CITY-ST-ZIP	~~CENTRE AL 35960~~	3.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE	AST	4.1 TITLE	☐ Change ☐ Addition
NAME	HUFSTEDLER, JON 7	4.2 NAME	
STREET ADDRESS	2021 TALLAVANA TRAIL	4.3 STREET ADDRESS	(NO ADDRESS CHANGE)
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	~~POWELL, ANTHONY~~	5.2 NAME	DALE STOREY "N/A"
STREET ADDRESS	~~RT 2 BOX 300 D~~	5.3 STREET ADDRESS	P.O. BOX 61
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature], President — 4-17-95 — 904-433-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021199