

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3178396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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 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

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
NAME THOMPSON, JAMES H
STREET ADDRESS 90 CHANTECLAIRE CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ DELETE

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE SD
NAME HUFSTEDLER, JON
STREET ADDRESS 2021 TALLAVANA TRAIL
CITY-ST-ZIP HAVANA FL 32333 ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD
NAME LUPTON, LEE
STREET ADDRESS 306 RAIL AVENUE
CITY-ST-ZIP SEBRING FL 33872 ☒ DELETE

31 TITLE ☒ Change ☐ Addition
32 NAME Jim Brewer
33 STREET ADDRESS 25 West Cedar St - Suite 501
34 CITY-ST-ZIP Pensacola, FL 32501

TITLE AST
NAME GATCH, DONNA
STREET ADDRESS ROUTE 5, BOX 36
CITY-ST-ZIP QUINCY FL 32351 ☐ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME STOREY, DALE
STREET ADDRESS P.O. BOX 61 N/A
CITY-ST-ZIP CHATTAHOOCHEE FL 32324 ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-96 904-437-0136

CR2E037 (12/95)