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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32501-5945



3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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	<input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES H	
STREET ADDRESS	90 CHANTECLAIRE CIRCLE	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFSTEDLER, JON	
STREET ADDRESS	2021 TALLAVANA TRAIL	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BREWER, JIM	
STREET ADDRESS	25 W. DEDAR ST., # 501	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	GATCH, DONNA	
STREET ADDRESS	ROUTE 5, BOX 36	
CITY - ST - ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOREY, DALE	
STREET ADDRESS	P.O. BOX 61 N/A	
CITY - ST - ZIP	CHATTAHOOCHEE FL 32324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:  **NOTED FOR REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 904-433-0136

Date Daytime Phone # 0072399

CR2E037 (9/96)