


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
JACKSONVILLE
QUINCY FL 32353-0819
US

25 WEST CEDAR STREET
SUITE 501
PENSACOLA FL 32504



3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

59-3178396

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 90 CHANTECLAIRE CIR

26 P.O. BOX 1028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 GULF BREEZE, FL

28 GULF BREEZE, FL

Zip

Country

Zip

Country

24 32561

25 SANTA ROSA

29 32562

30 SANTA ROSA

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 32504

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

90 CHANTECLAIR CIRCLE

83

GULF BREEZE, FL

84 City

FL

85 Zip Code

32561

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 ☐ DELETE

PD
THOMPSON, JAMES H
90 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

SD
HUFSTEDLER, JON
2021 TALLAVANA TRAIL
HAVANA FL 32333

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

TD
BREWER, JIM
25 WEST CEDAR STREET SUITE 501
PENSACOLA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☒ DELETE

AST
GATCH, DONNA
ROUTE 5, BOX 36
QUINCY FL 32351

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☒ DELETE

D
STOREY, DALE
P.O. BOX 61 N/A
CHATTAHOOCHEE FL 32324

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE *[Signature]* **4.9.98 850 892-2584**

CR2E037 (10/97)