

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90143 008 \*\*\*\*61.25

**DOCUMENT # N93000001223**

1. Corporation Name

**HEALTHMARK OF QUINCY, INC.**

Principal Place of Business

90 CHANTECLAIRE CIR  
US HWY 90 E  
GULF BREEZE FL 32561  
US

Mailing Address

P O BOX 1028  
SUITE 501  
GULF BREEZE FL 32562  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/12/1993

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

9. Name and Address of Current Registered Agent

THOMPSON, JAMES H  
90 CHANTECLAIR CIR  
SUITE 501  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

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

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

TITLE SD ☒ DELETE  
NAME HUFSTEDLER, JON  
STREET ADDRESS 1706 DELLOMNT AVE  
CITY-ST-ZIP NICEVILLE FL 32333

TITLE TD ☐ DELETE  
NAME BREWER, JIM  
STREET ADDRESS 336 COLLEGE AVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME SD  
2.3 STREET ADDRESS VIOLET KENNISON  
2.4 CITY-ST-ZIP 336 COLLEGE AVE  
DEFUNIAK SPRINGS, FL 32433

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*James H. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

850-892-9584

Daytime Phone #

CR2E037 (11/98)