

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 044 ****61.25

DOCUMENT # N93000001223

1. Entity Name

HEALTHMARK OF QUINCY, INC.



Principal Place of Business

90 CHANTECLAIRE CIR
GULF BREEZE FL 32561
US

Mailing Address

P O BOX 1020
GULF BREEZE FL 32562
US

2. Principal Place of Business

7383 San Ramon Dr
Suite, Apt. #, etc.

3. Mailing Address

7383 San Ramon Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number **59-3178396**

Applied For

Not Applicable

Zip

32583

Country

United States

Zip

32583

Country

Santa Rosa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7383 San Ramon Dr.
Milton, FL 32583

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES H	
STREET ADDRESS	90 CHANTECLAIRE CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREWER, JIM	
STREET ADDRESS	4413 HIGHWAY 331 SOUTH	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEARD, GERALD	
STREET ADDRESS	360 BEARD RD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7383 San Ramon Dr.
CITY-ST-ZIP	Milton, FL 32583
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3/30/03

850-981-9381

CR2E037 (10/02)