

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073565

FILED
Mar 17, 2009
Secretary of State

Entity Name: Q MANAGEMENT OF BELLEVIEW, INC.

Current Principal Place of Business:

5239 SE ABSHIER BLVD
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

2605 SW 33RD STREET
BLDG 200
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3682796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGLINO, S. KAYE
2605 SW 33RD STREET
200
OCALA, FL 34478 US

Name and Address of New Registered Agent:

KIRKPATRICK, S. KAYE
2605 SW 33RD STREET
200
OCALA, FL 34478 US

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.

SIGNATURE: S KAYE KIRKPATRICK

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRKPATRICK, JOHN W III
Address: 5203 NW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: P () Delete
Name: BUGLINO, S. KAYE
Address: P.O. BOX 2495
City-St-Zip: OCALA, FL 34478

Title: T () Delete
Name: KIRKPATRICK, KENNETH B
Address: 307 SE 21 TERR
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: DIXON, WESLEY
Address: PO BOX 133
City-St-Zip: MCINTOSH, FL 32664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S KAYE KIRKPATRICK

RA

03/17/2009

Electronic Signature of Signing Officer or Director

Date