

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90001 046 ***150.00

0100007 AT

DOCUMENT # P00000079388

1. Entity Name

QUINCY CARE, P.A.

Principal Place of Business

**300 E JEFFERSON ST
 QUINCY FL 32351**

Mailing Address

**300 E JEFFERSON ST
 QUINCY FL 32351**

2. Principal Place of Business

107 E Jefferson St

3. Mailing Address

107 E Jefferson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

4. FEI Number

59-3671143

Applied For

☐ Not Applicable

Zip

32351

Country

U.S.A.

Zip

32351

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BIANCO, LINDA
 1887 MILLERS LANDING
 TALLAHASSEE FL 32312**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **CEO**
 STREET ADDRESS **Linda Bianco**
 CITY-ST-ZIP **1887 Miller Landing Tallahassee, FL 32312**

TITLE ☐ Change ☒ Addition
 NAME **Sec.**
 STREET ADDRESS **Lori Kennedy**
 CITY-ST-ZIP **500 Old Hickory Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Linda Bianco) 08-20-01 850-627-9261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
#P00000079388
A0082755

Quincy Care

A Nurse Practitioner Practice

107 E. Jefferson Street, Quincy, Florida 32351
Phone: (850) 627-9261 Fax: (850) 875-2676

L. Bianco, ARNP

L. Kennedy, ARNP

August 22, 2001

To Whom it May Concern,

The 2001 Uniform Business Report mailed in January was never received in the office. (Perhaps due to address conflict). Upon calling the division of Corporations, on August 21, 2001 it was recommended to affix the original fee \$150.00 to this report.

Thank-you for consideration of this matter.

Sincerely,

Linda Bianco

Linda Bianco ARNP

Quincy Care, CEO