

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000012872

Entity Name: MEDIQUEST, INC.

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4315 SAINT ANDREWS DRIVE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

4315 SAINT ANDREWS DRIVE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 96-0008230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALKER, KEVIN D  
4315 SAINT ANDREWS DRIVE  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: WALKER, KEVIN D CEO  
Address: 4315 SAINT ANDREWS DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KEVIN D WALKER

PRES

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date