

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000017879

1. Entity Name  
AMERICAN HEALTH QUEST CORPORATION



**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90115 010 \*\*\*150.00

0010611 AV

Principal Place of Business  
557 N WYMORE ROAD STE 100  
MAITLAND FL 32751

Mailing Address  
557 N WYMORE ROAD STE 100  
MAITLAND FL 32751



2. Principal Place of Business  
2168 Springwater Lane  
Suite, Apt. #, etc.

3. Mailing Address  
2168 Springwater Lane  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Daytona Beach, FL  
Zip Country  
32128 Volusia

City & State  
Daytona Beach, FL  
Zip Country  
32128 Volusia

4. FEI Number  
61-1407830  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M  
2616 S PENINSULA DR  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name  
Jeffrey M. Koltun  
Street Address (P.O. Box Number is Not Acceptable)  
557 N. Wymore Road, Suite 100  
City Maitland FL Zip Code 32751

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/03

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
PARKER, EDWARD E  
2616 S PENINSULA DR  
DAYTONA BEACH FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
Parker, Edward E.  
2168 Springwater Lane  
Daytona Beach, Florida 32128 ☒ Change ☐ Addition

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

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

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

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

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-03 407 386 3679

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146331

PO2000017879

STEVEN H. KANE\*  
JEFFREY M. KOLTUN\*\*  
ELISA A. CAWOOD\*\*\*

KANE AND KOLTUN  
ATTORNEYS AT LAW  
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS  
557 NORTH WYMORE ROAD  
SUITE 100  
MAITLAND, FLORIDA 32751  
E-MAIL: lawoffices@kaneandkoltun.com

TELEPHONE  
(407) 661-1177

TELEFAX  
(407) 660-6031

\*L.L.M. in Taxation  
Florida Board Certified in  
Wills, Estates and Trusts

\*\*Also admitted in Ohio  
and Kentucky

\*\*\*Also admitted in Kentucky  
and Missouri

July 22, 2003

**VIA FEDERAL EXPRESS**

Secretary of State  
Bureau of Corporate Records  
Corporations Division  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: American Health Quest Corporation  
Effective Date: Date of Filing

Dear Sir or Madam:

In connection with the reinstatement of the above Corporation, we have enclosed the Annual Report/Uniform Business Report for American Health Quest Corporation, including the name and address of the Registered Agent.

As my assistant Kim discussed with your office today, American Health Quest Corporation moved its business office and did not receive the Annual Report/Uniform Business Report. We did not have a current address for the business and the document was returned undeliverable. Therefore, the Corporation was not able to file the Report in a timely manner.

We were recently contacted by the President of the Corporation and obtained the Corporation's current address. Therefore, we hereby request that the penalty be waived. I have enclosed a check in the amount of \$150.00 made payable to Department of State to cover the filing fee for the Corporation to remain active.

Please contact me if you have any questions or need additional information.

Sincerely,

  
Jeffrey M. Koltun

JMK:kk

Enclosures

cc: Mr. Edward E. Parker