

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 24 PM 3: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P02249 (1)
1. Corporation Name
HEALTH QUEST MANAGEMENT CORPORATION IV

Principal Place of Business Mailing Address
**315 W JEFFERSON BLVD
SOUTH BEND IN 46801-1586** **315 W JEFFERSON BLVD
SOUTH BEND IN 46801-1586**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/01/1984 **04/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number Applied For
35-1421058 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, THOMAS
7979 S TAMAMI TRAIL
SARASOTA FL 33581**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mary M Hunt* 3/24/95
Signature, typed or printed name of registered agent and 109 4 or 2080 (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARATONI, LAWRENCE H.	1.2 NAME	
STREET ADDRESS	315 W. JEFFERSON BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	S. BEND IN	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ANTHONY	2.2 NAME	
STREET ADDRESS	315 W JEFFERSON BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	S BEND IN	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOESER, CHARLES	3.2 NAME	
STREET ADDRESS	315 W JEFFERSON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	S BEND IN	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, MARY	4.2 NAME	
STREET ADDRESS	315 W JEFFERSON BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	S BEND IN	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles M. Loeser* Charles M. Loeser 4/13/95 219-236-4000
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Initial) (Typed Name #)