

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064405

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** QUINTESSENTIAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

7022 MALTESE DRIVE  
CITRUS SPRINGS, FL 34434

**New Principal Place of Business:**

6152 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

7022 MALTESE DRIVE  
CITRUS SPRINGS, FL 34434

**New Mailing Address:**

1132 SE KINGS BAY DRIVE  
CRYSTAL RIVER, FL 34429

**FEI Number:** 20-1140370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODPASTER, DAWN M  
7022 MALTESE DRIVE  
CITRUS SPRINGS, FL 34434 US

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

GOODPASTER, DAWN M  
1132 S E KINGS BAY DRIVE  
CRYSTAL RIVER, FL 34429 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:** DAWN GOODPASTER

04/07/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** GOODPASTER, DAWN M  
**Address:** 7022 MALTESE DRIVE  
**City-St-Zip:** CITRUS SPRINGS, FL 34434

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

**Title:** PST (X) Change ( ) Addition  
**Name:** GOODPASTER, DAWN M  
**Address:** 1132 S E KINGS BAY DRIVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the 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:** DAWN GOODPASTER

MS

04/07/2006

Electronic Signature of Signing Officer or Director

Date