

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04340** (6)
1. Corporation Name:
HEALTH QUEST MANAGEMENT CORPORATION XXI



Principal Place of Business

**315 W. JEFFERSON BLVD.
SOUTH BEND IN 46601**

Mailing Address

**315 W. JEFFERSON BLVD.
SOUTH BEND IN 46601**

3. Date Incorporated or Qualified
12/13/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**KELLY, THOMAS
7979 S. TAMiami TRAIL
SARASOTA FL 33580**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
35-1421059

Applied For
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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the corporation

(Print Name of Agent and Corporation) (Typed Name of Agent and Corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

**GARATONI, LAWRENCE H.
753 RIVER POINTE PLACE
MISHAWAKA IN**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

☐ DELETE

NAME

**GARATONI, FRED
1502 SOUTH SPRING
MISHAWAKA IN**

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

☐ DELETE

NAME

**LOESER, CHARLES
315 W JEFFERSON BLVD
SOUTH BEND IN**

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

☐ DELETE

NAME

**HUNT, MARY M.
315 W JEFFERSON BLVD
SOUTH BEND IN**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 119.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96

219-236-7008

CR2E034 (12/95)