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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 48601**

Mailing Address

**315 W. JEFFERSON BLVD.
SOUTH BEND IN 48601-1512**



3. Date Incorporated or Qualified
12/13/1984

3a. Date of Last Report
05/29/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Donna Vliet**

82 Street Address (P.O. Box Number is Not Acceptable)
7979 S. Tamiami Trail

83

84 City **Sarasota**

FL

85 Zip Code
34231

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: **Donna Vliet, Administrator**

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GARATONI, LAWRENCE H.**
STREET ADDRESS **753 RIVER POINTE PLACE**
CITY- ST- ZIP **MISHAWAKA IN**

TITLE **VD** ☒ DELETE
NAME **GARATONI, FRED**
STREET ADDRESS **1502 SOUTH SPRING**
CITY- ST- ZIP **MISHAWAKA IN**

TITLE **SD** ☐ DELETE
NAME **LOESER, CHARLES**
STREET ADDRESS **315 W JEFFERSON BLVD**
CITY- ST- ZIP **SOUTH BEND IN**

TITLE **TD** ☐ DELETE
NAME **HUNT, MARY M.**
STREET ADDRESS **315 W JEFFERSON BLVD**
CITY- ST- ZIP **SOUTH BEND IN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Loeser

Date:

219-236-4000
Daytime Phone #

0479676

CR2E034 (9/96)