

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90021 008 \*\*\*150.00

**DOCUMENT # P06000039326**

1. Entity Name  
LINDA A. QUINN, M.D., P.A.



Principal Place of Business

5150 BELFORT ROAD  
BUILDING 400  
JACKSONVILLE, FL 32256 US

Mailing Address

5150 BELFORT ROAD  
BUILDING 400  
JACKSONVILLE, FL 32256 US

40064400



2. Principal Place of Business - No P.O. Box #

8075 Gate Parkway W

3. Mailing Address

8075 Gate Parkway W

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

US

Zip

32216

Country

US

04032008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4523217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINN, LINDA A  
5150 BELFORT ROAD  
BUILDING 400  
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name  
Linda A. Quinn, M.D., P.A.

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

8075 Gate Parkway W

Suite 101

City  
Jacksonville

FL

Zip Code

32216

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete  
NAME QUINN, LINDA A.  
STREET ADDRESS 5150 BELFORT ROAD, BUILDING 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP ☐ Delete  
NAME QUINN, LINDA A.  
STREET ADDRESS 5150 BELFORT ROAD, BUILDING 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE SEC ☐ Delete  
NAME ROSALENE SIMEONE  
STREET ADDRESS 5150 BELFORT ROAD, BUILDING 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☐ Delete  
NAME QUINN, LINDA A.  
STREET ADDRESS 5150 BELFORT ROAD, BUILDING 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☒ Change ☐ Addition  
NAME QUINN, LINDA A.  
STREET ADDRESS 8075 Gate Parkway W Suite 101  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE VP ☒ Change ☐ Addition  
NAME QUINN, LINDA A.  
STREET ADDRESS 8075 Gate Parkway W Suite 101  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE SEC ☒ Change ☐ Addition  
NAME ROSALENE SIMEONE  
STREET ADDRESS 8075 Gate Parkway W Suite 101  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE T ☒ Change ☐ Addition  
NAME Quinn, Krystal  
STREET ADDRESS 8075 Gate Parkway W Suite 101  
CITY-ST-ZIP Jacksonville, FL 32216

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Linda Quinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-08