

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90115 010 ***150.00

DOCUMENT # P94000062977

1. Entity Name

HEALTHQUEST, INC.

Principal Place of Business

**5200 MORSE AVENUE
 JACKSONVILLE FL 32244**

Mailing Address

**5200 MORSE AVENUE
 JACKSONVILLE FL 32244**

4 3 8 1 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3268727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORD, PETER J
 5200 MORSE AVENUE
 JACKSONVILLE FL 32244**

Name

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

City

FL

Zip Code

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

13. SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**D
 LORD, PETER J
 5200 MORSE AVENUE
 JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**D
 LORD, MEREDITH M
 5200 MORSE AVENUE
 JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

(no change - signature only)
Meredith M Lord

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/01 904-778-2090

CR2E034 (10/00)