FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000026158 (2)

VAN LANDINGHAM HEALTH QUEST, INC.

Principal Place of Business Mailing Address

FILED Jan 28 1997 8:00am Secretary of State



% Branda van Landingham 2015 8TH STREET WEST PALMETTO FL 34221		% Branda van Landingham 2015 8th Street West Palmetto fl 34221-4236		3. Date Incorporated or Qualified 03/03/1995		Date of Last Report			
	lace of Business	2a. Mailing Address			4. FEI Number	00/10	, ,,,,,	Applied For	
1 525 9th AUE W 26 525 9th 1			AVE W		65-0577983			Not Applicable	
Suite, Apt #, etc. Suite, Apt #, etc. 27 City & State City & State 28 PA metto			etto Fe		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
3422	Country 25 U.S.A.	^{Zip} 34-221	Countr 30 U.S	S.A		Yes 🗌	No	er s. 199.032,	
	9. Name and Address of Currer	nt Registered Agent		1 11000	10. Name and Address of New Re	glatered Ag	jent		
VAN LANDINGHAM, BRENDA				81 Name					
2015 8TH STREET WEST PALMETTO FL 34221			82		dress (P.O. Box Number is Not Acceptab	le)			
			83]					
			84	City			85 Z	ip Code	
				<u> </u>	rporation submits this statement for the p	<u> </u>	<u> </u>		
SIGNATURE	r	D DIRECTORS	13.	ent signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC				
THILE	D	DELETE	1.1 TITLE				Chang		
NAME	VAN LANDINGHAM, BRENDA		1.2 NAME						
STREET ADORESS	2015 8TH STREET WEST		1.3 STREE	T ADORESS					
CITY - ST - ZIP	PALMETTO FL 34221		1.4 CITY-	ST-ZIP			7 0	l la sance	
TITLE	D VANDANDINGHAM EDMECT	DELETE	21 TITLE	}		-	Chang	ge 🔲 Addition	
NAME STREET ADDRESS	VAN LANDINGHAM, ERNEST 2015 8TH STREET WEST		2.2 NAME	T ADDRESS	1.7	' .			
CITY-ST-ZIP	PALMETTO FL 34221		2.3 SINE						
THLE	(7) Grid 1 o To T	DELETE	31 TITLE	- 37 - Zij		Į.	Chan	ge 🔲 Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY	ST-ZIP					
TITLE		☐ DELETE	4.1 T(TLE	ļ		Ĺ	Chang	ge 🗀 Addition	
NAME			4. 2 NAM	i					
STREET ADORESS				T ADDRESS					
CITY+ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	51-ZIP		r	Chan	ge Addition	
NAME		La Decent	5.2 NAME			h-		a - preside - marringe	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-	1					
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Ţ.	Chan	ge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
PITY OF 71D			64 CITY	er zin					

14. I do noreby 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 807, Florida Statutes; and that my name appears in Block 12 or Blook 3 of changed, or on an attachment with an address.