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⇒ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000026158**1. Corporation Name

CITY-ST-ZIP

VAN LANDINGHAM HEALTH QUEST, INC.

Principal Place	of Business	Mailing Address				I ODINO ISOLO DISEN ISOULI	[
525 9TH AVE W		525 9TH AVE W				•	
PALMETTO FL 3		PALMETTO FL 34221					
US		US			DO NOT WRITE IN	THIS SPACE	
*					3. Date Incorporated or Qualifed 03/03/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
24		26			65-0577983	x Not	Applicable
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	.,	27			5. Certifcate of Status Desired	Fee Rec	uired
City & State	-	City & State			6. Election Campaign Financing	\$5.00	vlay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current ye		}
24	25	29	30		Personal Property Tax.		Z No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	tered Agent	
			81	Name R	BRENDA VAN LANDINGH	AM	
	LANDINGHAM, BRENDA		82	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
2015 8TH STREET WEST							
PALMETTO FL 34221			83	52	5 9th AVE WEST	7	
			84	1 -		85 Zin C	ode
			1		Almetto	FL 34	22/
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above	ve-named co	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing its a	registered iistered
office or re	egistered agent, or both, in the State of the obligation in the ob	or Florida. Such change was a tions of, Section 607.0505, Fir	orida Statute	s.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE		morhom			1/6/3	99	
SIGNATURE	Denature, typed or printed name of registered ager		E: Registered Age	ent signature requ	uired when reinstating) DA	NE.	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	#2 ol	Addition
TITLE	DP	☐ DELETE	1.1 TITLE		President VAN LANDINGHAM, Bre	nol n	☐ ∧aaiiaaii
NAME	VAN LANDINGHAM, BRENDA		1.2 NAME	I .	525 9th AUE West	•	ĺ
STREET ADDRESS	2015 8TH STREET WEST		1.3 STREE	ET ADDRESS	525 / AUS WEST		J
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-1	et zin	S - 1 - 1 - 21 -	2 - 1	ł
TITLE	DV			31-2F	PAIMetto, FL 34:	221	Addition
NAME		☐ DELETE	2.1 TITLE	31-29	PAIMEHO, FL 34:	ZZ/	☐ Addition
	VAN LANDINGHAM, ERNEST	☐ DELETE	2.1 TITLE 2.2 NAME	: 1,	PAIMEHO, FL 34: VICE President NAN LANDINGHAM, Er	221 XChange nest	☐ Addition
STREET ADDRESS	VAN LANDINGHAM, ERNEST 2015 8TH STREET WEST	☐ DELETE	2.2 NAME	ET ADDRESS	PAIMEHO, FL 34: VICE President VAN LANDINGHAM, Er 525 9th AUE Wes	221 (XChange nest st	Addition
STREET ADDRESS CITY-ST-ZIP			2.2 NAME	ET ADDRESS	PAIMEHO, FL 34: VICE President VAN LANDINGHAM, EV 525 9th AUE Wes PAIMEHO, FL 342	ZZI	
i	2015 8TH STREET WEST	☐ DELETE	2.2 NAME 2.3 STREE	ET ADDRESS -ST-ZIP	PAIMEtto, FL 34: VICE President VAN LANDINGHAM, Er 525 9th AUE Wes PAIMEtto, FL 342 Secretary	221 Change nest st ZI Change	Addition
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CITY-ST-ZIP TITLE	2015 8TH STREET WEST PALMETTO FL 34221 S KEHERER, CHRISTINE	☐ DELETE	2.2 NAME 2.3 STREE 2.4 C/TY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	PAIMEtto, FL 34: VICE President VAN LANDINGHAM, Er 525 9th AUE Wes PAIMETTO, FL 342 SECRETARY KETTERER, Christin 525 9th AUE WEST	221 X Change St X Change Chang	
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14. 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 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, with all other like empowered.

BRENDA VAN LANDINGHAM SIGNATURE: