

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90005 043 ***150.00

DOCUMENT # P940000004334

1. Entity Name
MedQuest Consultants, Inc. *P.*

Principal Place of Business Mailing Address

00077646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>14780 Lake Olive Dr.</u> Suite, Apt. #, etc. <u>Ft. Myers, FL 33919</u> City & State <u>Ft Myers, FL</u> Zip <u>33919</u>		3. Mailing Address <u>13300-56 S. Cleveland Ave</u> Suite, Apt. #, etc. <u>Box 601</u> City & State <u>Ft. Myers, Florida</u> Zip <u>339</u> Country <u>U.S.A.</u>		4. FEI Number <u>65-0720480</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent <u>Mattingly, William CPA</u> <u>4632 Vincennes Blvd Suite 101</u> <u>Cape Coral, FL 33904</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 <u>President, PTID</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Dr. Kathleen A. Walker</u>		NAME	
STREET ADDRESS <u>14780 Lake Olive</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Ft Myers, FL 33919</u>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] *7/9/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)

Attachment
Doc # P 97000004334
DW77846

DR KATHLEEN WALKER
PMB 601
13300-56 S CLEVELAND AVE
FT MYERS, LF 33907

This is now the correct address. Thank you.

- I have been working out of the country since Feb. of this year & the first report was apparently sent to an old P.O. Box. Enclosed is the current form w/ check. My apologies for the tardiness.

K.W.

Request taken by: yfisher
06-02-2000

-The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314