2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000004334

1. Entity Name

MEDQUEST CONSULTANTS, INC.

Principal Place of Business Ma

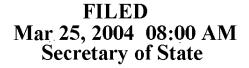
4632 VICENNES BLVD

SUITE 101 CAPE CORAL, FL 33904 Mailing Address

4632 VICENNES BLVD

SUITE 101

CAPE CORAL, FL 33904





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03062004 No Chg-P CR2E034/(10/03)

4. FEI Number 65-0720480 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MATTINGLY, WILLIAM CPA 4632 VINCENNES BLVD STE-101 CAPE CORAL, FL 33904

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CAPE CO	KAL, FL 33904	•		114	IIIIO OFACE	
the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familia	ar with, and accept
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, 2004 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000096346 03725 704-80026- 00	7 158.75
10.	OFFICERS AND DIREC	OTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALKER, KATHLEEN A 14780 LAKE OLIVE DRIVE FORT MYERS, FL 33919					
TITLE NAME STREET ADDRESS						

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ITELE
NAME
STREET ADDRESS
CITY-S1-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H24/04 (239)898-8104