2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006554

MEDICAL QUEST INFORMATION SYSTEMS, INC.

Principal Place of Business		Mailing Address	
5015 WESTSHORE DR. NEW PORT RICHEY FL 34652		5015 WESTSHORE DR. NEW PORT RICHEY FL 34652-3043	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

CANDELORA, PETER

SIGNATURE

11.

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

5015 WESTSHORE DR. **NEW PORT RICHEY FL 34652**

9. This corporation is eligible to satisfy its Intangible

CANDELORA, PETER

OZUNA, RICHARD

26 ANSELM WAY

FINNEY, GLENN

1331 CASA ST

SUDBURY MA 01776

SANTA CLARA CA 95051

5015 WESTSHORE DR

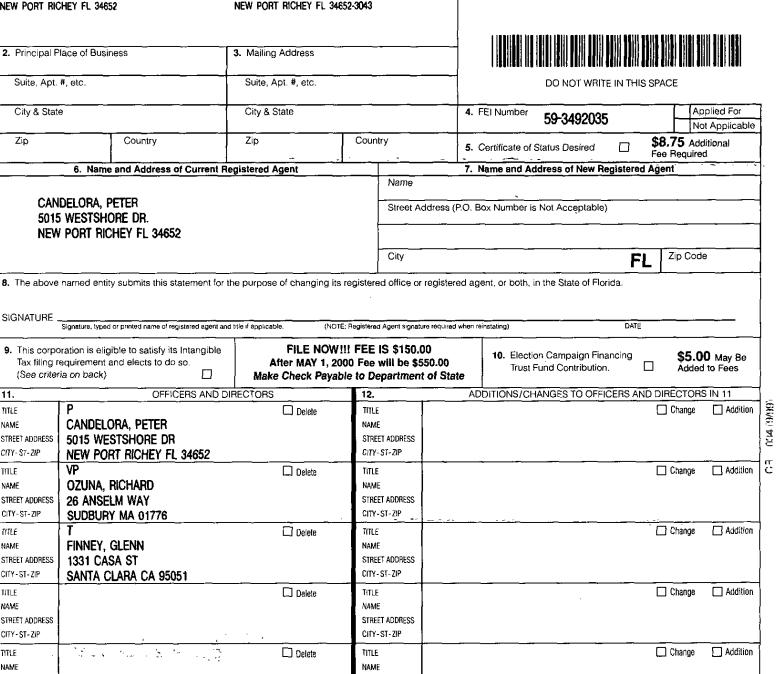
NEW PORT RICHEY FL 34652

Tax filing requirement and elects to do so.

(See criteria on back)

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

05-10-2000 90103 010 ***150.00



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 nt with an address, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

☐ Change

☐ Addition