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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000044682**

1. Corporation Name

MCQUE HEALTH SYSTEMS, INC.

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90043 045 \*\*\*158.75



Principal Place of Business 3655 CENTRAL AVENUE P.O. BOX 1481 ST. PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1998 2. Principal Place of Business 3. Date Incorporated or Qualified 05/15/1998 2. Principal Place of Business 3. Date Incorporated or Qualified 05/15/1998 3. Certificate of Status Desired 3. Status Period Status Stat
3. DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified 05/15/1998  2. Principal Place of Business 2. A FEI-Number 3. Do NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/15/1998  2. Principal Place of Business 2. A FEI-Number 3. Do NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/15/1998  2. Principal Place of Business 3. Date Incorporated or Qualified 05/15/1998  3. Date Incorporated or Qualified 05/15/1998  5. Certificate of Status Desired 5. Settle April Figure Required Figure Required Figure Required Figure Required Figure Required Figure Required 7. Status Desired 7. Sta
ST. PETERSBURG FL 33713  ST. PETERSBURG FL 33733  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/15/1998  2. Principal Place of Business  2. Principal Place of Business  3. Date Incorporated or Qualified  05/15/1998  4. FEI.Number  Not Applied For  Not Applie
3. Date Incorporated or Qualifed 05/15/1998  2. Principal Place of Business
2. Principal Place of Business 2. A Mailing Address 4. FEI Number 59 35 132 75 Not Applied For
2. Principal Place of Business 2. Applied For
21 6 500 SUNSET WAY 26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 Site, Apt. #, etc.  28 A 1 9 City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fees 3 7 0 6 25 U.S.A. 29 3 0 Personal Property Tax.  9. Name and Address of Current Registered Agent  OUEZON, VICTORIA C 6500 SUNSET WAY, A119 ST. PETE BEACH FL 33706  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  Suite, Apt. #, etc.  5. Certifcate of Status Desired  5. Certifcat
Suite, Apt. #, etc.  22 A 1 9  City & State  City & State  City & State  23 T PETE BEACH FL 28  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  24 3 3 7 0 6 25 U.S.A. 29  30 Sure and Address of Current Registered Agent  CUEZON, VICTORIA C  6500 SUNSET WAY, A119  ST. PETE BEACH FL 33706  81 Name WIATON ADDY  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such ariging was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature Florida And Directors AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
State   City & State   Country   Zip   Country   St. Country   Country   Country   St. Country   St. Country   Country   St. Count
City & State  23 ST PETE BEACH FL 28  Country  Zip  Country  Zip  Country  Zip  Country  Sip Sip Code  Sig Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such or large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 807.0505, Florida Statutes.  SIGNATURE  Signature reputed when reinstating)  Date  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Trust Fund Contribution   Added to Fees
Zip   Country   Zip   Country   St. This corporation owes the current year Intangible   Personal Property Tax.   Yes   No
QUEZON, VICTORIA C 6500 SUNSET WAY, A119 ST. PETE BEACH FL 33706  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Types of printed name of registered Agent signature required when reimplating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
QUEZON, VICTORIA C 6500 SUNSET WAY, A119 ST. PETE BEACH FL 33706  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Types of printed name of registered Agent signature required when reimplating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
QUEZON, VICTORIA C 6500 SUNSET WAY, A119 ST. PETE BEACH FL 33706  82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE Signature Types of printed name of registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City LAKELAUD FL 85 Zip Code 37 8 13  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such anange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Types for printed name or registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ST. PETE BEACH FL 33706  83  84 City LAKELAND FL 85 Zip Code 37 813  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Typicotor printed name or registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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office or registered agent, or both, in the State of Florida, Such Anange was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Signature Types or printed name of registered dependents of applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature: 1/Page of printed name of regarding degree partitie if applicately.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature: 1/Page of printed name of regarding degree partitie if applicately.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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2506
CITY-ST-ZIP ST PETE BEHCH FL 33/06
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NAME

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 ampowered 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 or a attachment with made easy, with all other like empowered.