

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000014612

**Entity Name:** QUICK CARE MED ADMINISTRATION COMPANY

**Current Principal Place of Business:**

1990 NORTH PROSPECT AVE.  
LECANTO, FL 34461

**Current Mailing Address:**

WALTER S SANDERS & ASSOCIATES PA  
16528 N DALE MABRY  
TAMPA, FL 33618 US

**FEI Number:** 83-3800260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDERS, BRIAN  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

*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:** BRIAN SANDERS

06/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ST. MARTIN, DACELIN  
Address 1990 NORTH PROSPECT AVE.  
City-State-Zip: LECANTO FL 34461

Title VP  
Name ST. MARTIN, ANTONETTE  
Address 1990 NORTH PROSPECT AVRE.  
City-State-Zip: LECANTO FL 34461

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DACELIN ST. MARTIN

P

06/03/2020

Electronic Signature of Signing Officer/Director Detail

Date