



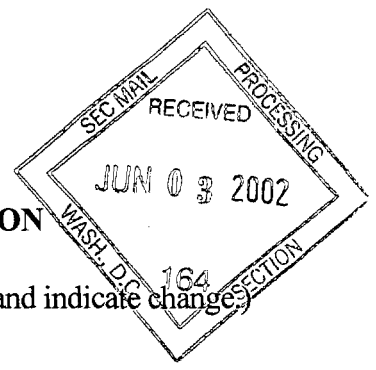
02039632

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

1062564

FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has change3d, and indicate change)

Offering of Approximately 25,000,000 shares  
Of  
MediQuik Services, Inc.  
Common Stock, \$.001 par value

PROCESSED  
JUN 26 2002  
THOMSON  
FINANCIAL

Filing Under (Check box(es) that apply):

Rule 504    Rule 505    Rule 506    Section 4(6)    ULOE

A. BASIC IDENTIFICATION DATA

1. Enter the information request about the issuer:

MEDIQUIK SERVICES, INC.

(Name of Issuer)

4299 San Felipe  
Houston, Texas 77027  
(Address of Executive Offices)

(832) 200-7000  
(Telephone Number, including Area Code)

4299 San Felipe  
Houston, Texas 77027  
(Address of Principal Business Operations)

(832) 200-7000  
(Telephone Number, including Area Code)

Brief Description of Business: Distributed Healthcare Services, including in-home delivery of medical supplies and pharmaceutical products

corporation    limited partnership, already formed    other (please specify):  
 business trust    limited partnership, to be formed

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  
 Director  General and/or Managing Partner

Lawrence J. Wedekind

Full Name (Last name first, if individual)

4299 San Felipe, Suite 300, Houston, TX 77027

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  
 Director  General and/or Managing Partner

John V. Galazin

Full Name (Last name first, if individual)

4299 San Felipe, Suite 300, Houston, TX 77027

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  
 Director  General and/or Managing Partner

Gene A. Kusmierz

Full Name (Last name first, if individual)

4299 San Felipe, Suite 300, Houston, TX 77027

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  
 Director  General and/or Managing Partner

MiraQuest Ventures, LLC

Full Name (Last name first, if individual)

3749 Cloverdale Road, Boise, ID 83713

Business or Residence Address (Number and Street, City, State, Zip Code)

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**B. INFORMATION ABOUT OFFERING**

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- |  |                                 |   |
|--|---------------------------------|---|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE  |                                 |   |
| 2. What is the minimum investment that will be accepted from any individual?                             |                                 | \$50,000                                  |
| 3. Does the offering permit joint ownership of a single unit?  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 4. Enter the information requested for each person who has been or will be                               |                                 |   |

Total

\$5,000,000

\$5,000,000

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$5,000,000
Non-accredited Investors	0	\$ -0-
Total (for filing under Rule 504 only)		N/A

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.


Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	
Regulation A	N/A	
Rule 504	N/A	
Total	N/A	

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input checked="" type="checkbox"/>	\$500
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$500
Legal Fees	<input checked="" type="checkbox"/>	\$61,000

to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

**MEDIQUIK SERVICES, INC.**

  
**Robert Teague**  
**Chief Executive Officer**

**May 17, 2002**

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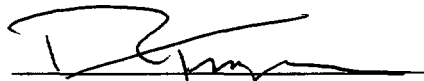
**E. STATE SIGNATURE**

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1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes [ ]      No [X]
  
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17CFR 239.500) at such times as required by state law.
  
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
  
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

**MEDIQUIK SERVICES, INC.**

  
**Robert Teague**  
**Chief Executive Officer**

**May 17, 2002**

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**APPENDIX**

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1 State	2 Intend to sell to non-accredited investors in State (Part B – Item 1)		3 Type of security and aggregate offering price offered in state (Part C – Item 1)	4 Type of investor and Amount purchased in State (Part C – Item 2)				5 Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E – Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL									

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B – Item 1)			Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and Amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E – Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									