

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003886 (9)

1. Corporation Name

EDUCATIONAL MEDICAL, INC.



Principal Place of Business

1327 NORTH MEADOW PARKWAY, #132
ROSWELL GA 30076

Mailing Address

1327 NORTH MEADOW PARKWAY, #132
ROSWELL GA 30076

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0838445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 change 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE
NAME KERBER, GARY S
STREET ADDRESS 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP ROSWELL GA 30076

TITLE VAS ☐ DELETE
NAME PISANO, VINCE
STREET ADDRESS 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP ROSWELL GA 30076

TITLE S ☐ DELETE
NAME BROWN, MORRIS C
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 800
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE
NAME KROON, RICHARD
STREET ADDRESS C/O 1327 NORTHMEADOW PARKWAY #132
CITY-ST-ZIP ROSWELL GA

TITLE D ☐ DELETE
NAME HUTMAN, CARL S
STREET ADDRESS C/O 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP ROSWELL GA 30076

TITLE D ☐ DELETE
NAME CRESCI, ROBERT J
STREET ADDRESS C/O 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP ROSWELL GA 30076

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empowered 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 on an attachment with an address.

SIGNATURE: Vince Pisano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vince Pisano

3/1/96

Date

770-475-7930

Daytime Phone #

CR2E034 (12/95)