

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P22154 (9)

1. Corporation Name

EASTERN MEDICAL MANAGEMENT COMPANY, INC.

FILED

95 FEB -7 10 46 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**300 NORTHCREEK, #105
3715 NORTHSIDE PARKWAY, NW
ATLANTA GA 30327**

Mailing Address
**300 NORTHCREEK, #105
3715 NORTHSIDE PARKWAY, NW
ATLANTA GA 30327**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1988** 3a. Date of Last Report **07/28/1994**

4. FET Number **59-1543924** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21

25

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

10. Name and Address of New Registered Agent

**LEPRELL, SAMUEL L.
1301 GULF LIFE DR
STE. 1500
JACKSONVILLE FL 32207**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **MCLAIN, W.A.**
STREET ADDRESS **3715 NORTHSIDE PKWY NW**
CITY-ST-ZIP **ATLANTA GA**

1.1 TITLE Change Addition

TITLE

1.2 NAME

NAME

1.3 STREET ADDRESS

STREET ADDRESS

1.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE

2.1 TITLE Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 110.07(3)(g), 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:

William A. McClain III

William A. McClain III

2/2/95

404-261-3271

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(Typed Name)