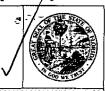
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

WAKULLA

1. Entity Name



## Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90751 026 \*\*\*150.00

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2. Principal Place of Business 802 ST. GEORGE'S ROAD 802 St. GEORGE'S ROAD Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

BALTIMORE, WD

21210

City & State
BALTIMORE MD Zip 21210

4. FEI Number 59-1426267

Not Applicable \$8.75 Additional

Applied For

5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

Name AUSLEY, MARGARET B.

Street Adress (P.O. Box Number & Not Acceptable)

227 SOUTH CALHOUN STREET

ALLAHASSEE

8. 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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PRESIDENT NAME GRIFFITH, L.S. M.D. NAME 802 ST. GEORGE'S ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21210 CITY-ST-ZIP VICE PRESIDENT TITLE ACKERMAN, WELL LAIRD NAME NAME 869 WHITTIER ROAD GROSSE POINT PARK, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TREASURER TITLE LAIRD, NAN 156 HANCOCK STREET NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZiP CAMBRIDGE, MA 02139 CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or on an attachment with an address, with amount of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)