

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90007 029 \*\*\*550.00

**DOCUMENT # F00000001998**

**1. Entity Name**  
**NATIONAL PROVIDER CREDENTIALING SERVICE, INC.**

*CP*

**Principal Place of Business**  
**3025 BRECKINRIDGE BLVD**  
**DULUTH GA 30096**

**Mailing Address**  
**3025 BRECKINRIDGE BLVD**  
**DULUTH GA 30096**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **54-1777843**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ Delete  
**NAME** **SCHUSTER, STEPHEN M JR**  
**STREET ADDRESS** **12919 ALTON SQUARE, #408**  
**CITY-ST-ZIP** **HERNDON VA 20170**

**TITLE** **PRESIDENT** ☐ Change ☒ Addition  
**NAME** **DARRELL O. GRIMES**  
**STREET ADDRESS** **3025 Breckinridge Blvd.**  
**CITY-ST-ZIP** **Duluth, GA 30096**

**TITLE** **S** ☐ Delete  
**NAME** **ALLEN, MARILYN J ESQ**  
**STREET ADDRESS** **3525 PIEDMONT RD., BLDG 8., STE 600**  
**CITY-ST-ZIP** **ATLANTA GA 30305**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **HAMMETT, MARC D**  
**STREET ADDRESS** **3525 PIEDMONT RD., BLDG 8., STE 600**  
**CITY-ST-ZIP** **ATLANTA GA 30305**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **C** ☐ Delete  
**NAME** **VANDIVER, ROY W MD**  
**STREET ADDRESS** **3525 PIEDMONT RD., BLDG 8., STE 600**  
**CITY-ST-ZIP** **ATLANTA GA 30305**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **COLLINS, WILLIAM C M.D.**  
**STREET ADDRESS** **6000 WINTERTHUR DR., NW**  
**CITY-ST-ZIP** **ATLANTA GA 30328**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **DELOACH, E. DANIEL M.D.**  
**STREET ADDRESS** **4750 WATERS AVE., SUITE 500**  
**CITY-ST-ZIP** **SAVANNAH GA 31404**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Signature of Allen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/2001** **404-842-5600**  
 Date Daytime Phone #

0106081 AT

CR2E034 (5/01)