

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002806

1. Entity Name  
SIMPLYHEALTH.COM, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90009 024 \*\*\*150.00

Principal Place of Business  
1545 PEACHTREE ST.  
SUITE 400  
ATLANTA GA 30309

Mailing Address  
1545 PEACHTREE ST.  
SUITE 400  
ATLANTA GA 30309



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 **58-2488736**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GROSSMAN, ERIC A  
STREET ADDRESS 1156 BROOKHAVEN GLEN N.E.  
CITY-ST-ZIP ATLANTA GA 30318 ☐ Delete

TITLE S  
NAME R. Marcus Colley  
STREET ADDRESS 2378 Virginia Place Apt B  
CITY-ST-ZIP Atlanta, GA 30305 ☐ Change ☒ Addition

TITLE S  
NAME CASTILLO, MILTON  
STREET ADDRESS 3502 MOOREGATE DRIVE  
CITY-ST-ZIP MARIETTA GA 30062 ☒ Delete

TITLE D  
NAME Jim Witherington  
STREET ADDRESS 845 Crossover Lane, Suite 140  
CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

TITLE D  
NAME KINNETT, FRANK  
STREET ADDRESS 3475 PEACHTREE ROAD NE, SUITE 1200  
CITY-ST-ZIP ATLANTA GA 30305 ☐ Delete

TITLE D  
NAME Fred Herbert  
STREET ADDRESS 3475 Piedmont Rd NE, Suite 325  
CITY-ST-ZIP Atlanta, GA 30305 ☐ Change ☒ Addition

TITLE D  
NAME MCCALL, CHAD  
STREET ADDRESS 2500 NORTHWINDS PARKWAY, SUITE 325  
CITY-ST-ZIP ALPHARETTA GA 30004 ☐ Delete

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

TITLE D  
NAME SMITH, SCOTT  
STREET ADDRESS 8 PIEDMONT CENTER, SUITE 515  
CITY-ST-ZIP ATLANTA GA 30305 ☒ Delete

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

TITLE D  
NAME LEITNER, MICHAEL  
STREET ADDRESS 2200 6TH AVENUE, SUITE 1122  
CITY-ST-ZIP SEATTLE WA 98121 ☐ Delete

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

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:

*R. Marcus Colley*

R. Marcus Colley

4/25/01

(404) 879-4608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)