

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005177

1. Entity Name
ONCARE MANAGEMENT CORPORATION

Principal Place of Business
11660 ALPHARETTA HIGHWAY, SUITE 650
ROSWELL GA 30076

Mailing Address
11660 ALPHARETTA HIGHWAY, SUITE 650
ROSWELL GA 30076

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91288 001 *1,100.00

72650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2024 W. Henrietta Rd
Suite, Apt. #, etc. Suite 3E
City & State Rochester NY
Zip 14623 Country USA

3. Mailing Address
12460 Crabapple Rd
Suite, Apt. #, etc. Suite 202-377
City & State Alpharetta GA
Zip 30004 Country USA

4. FEI Number 94-3228143
Applied For
Not Applicable

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

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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 CD
NAME GOLDBERG, MICHAEL D
STREET ADDRESS 2995 WOODSIDE ROAD, SUITE 400
CITY-ST-ZIP WOODSIDE CA 94062 ☒ Delete

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

TITLE PCEO
NAME STRIPLING, LOUIS F
STREET ADDRESS 11660 ALPHARETTA HIGHWAY, SUITE 650
CITY-ST-ZIP ROSWELL GA 30076 ☐ Delete

TITLE PTD S
NAME Stripling, Louis
STREET ADDRESS 9017 Westwood Shores
CITY-ST-ZIP Ft. Worth TX 76179 ☒ Change ☐ Addition

TITLE AS
NAME PUTNICK, CATHY L
STREET ADDRESS 11660 ALPHARETTA HIGHWAY, SUITE 650
CITY-ST-ZIP ROSWELL GA 30076 ☒ Delete

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

TITLE AS
NAME BURNETT, KRISTEN
STREET ADDRESS 11660 ALPHARETTA HIGHWAY, SUITE 650
CITY-ST-ZIP ROSWELL GA 30076 ☒ Delete

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

TITLE D
NAME MENDELL, THOMAS G
STREET ADDRESS 399 PARK AVE., 17TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE D
NAME WILKERSON, L. JOHN
STREET ADDRESS 610 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10020 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Stripling 5/14/01 (770) 752-5570

Date

Daytime Phone *

CR2E034 (10/00)