

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2003 8:00 am**  
**Secretary of State**

07-22-2003 90049 043 \*\*\*550.00

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**DOCUMENT # F00000006669**

1. Entity Name  
**MED-TEL INTERNATIONAL CORPORATION**



Principal Place of Business  
**1430 SPRING HILL ROAD, SUITE 500  
MCLEAN VA 22102**

Mailing Address  
**1430 SPRING HILL ROAD, SUITE 500  
MCLEAN VA 22102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1697546**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCD<br/>COLEMAN, RONALD D<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>MCGILLAN, JAMES J<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PFARR, RICHARD C<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PLATENBERG, R. CRAIG M.D.<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BURCH, CHRISTOPHER W<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>KLEIN, ROBERT A<br/>1430 SPRING HILL ROAD, SUITE 500<br/>MCLEAN VA 22102</b>           | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>See ADDENDA ATTACHED</b>                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

**SIGNATURE:** \_\_\_\_\_ **NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/14/03** Daytime Phone #: **703 448-8800**

CR2E034 (4/03)

Attachment

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OFFICERS

| <u>Name</u>               | <u>Positions</u>  |
|---------------------------|---|
| Ronald D. Coleman         | Chairman, President and Chief Executive Officer                             |
| James J. McGillan         | Vice-Chairman, Secretary and General Counsel                                |
| Alan Botsford             | Vice President and Assistant Secretary                                      |
| Scott D. Steele           | Vice President, Assistant Secretary and Assistant Treasurer                 |
| R. Craig Platenberg, M.D. | Executive Vice President - Medical Operations                               |
| Robert Giegerich          | Executive Vice President - Business Development                             |
| Robert A. Klein           | Executive Vice President - Law, Assistant Secretary and Assistant Treasurer |
| Robert W. Stuart          | Executive Vice President - Financial Planning                               |
| Gerard Grundler           | Executive Vice President - Chief Information Officer                        |
| Charles Menatti           | Executive Vice President - Revenue Operations                               |
| Michael Reed              | Chief Financial Officer   |

Attachment

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**DIRECTORS**

**Ronald D. Coleman**

**James J. McGillan**

**Alan Botsford**

**Scott D. Steele**

**Joseph H. Crouch, CBE**

All directors and officers may be addressed at 1430 Spring Hill Road, Suite 500,  
McLean, Virginia 22102