

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90048 013 ***550.00

0119222 AT

DOCUMENT # F02000000985

1. Entity Name

PROXIMA THERAPEUTICS, INC.



Principal Place of Business
**2555 MARCONI DRIVE, SUITE 220
ALPHARETTA GA 30005**

Mailing Address
**2555 MARCONI DRIVE, SUITE 220
ALPHARETTA GA 30005**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1816094**

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

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

SIGNATURE

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

(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 **PD** ☐ Delete
NAME **PATRICK, TIMOTHY J**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **Director** ☐ Change ☒ Addition
NAME **Con Blevins**
STREET ADDRESS **2555 Marconi Drive, Suite 220**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **V** ☐ Delete
NAME **BLACKBURN, REGGIE**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hamilton Jordan**
STREET ADDRESS **2555 Marconi Dr. Suite 220**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **S** ☒ Delete
NAME **PAGE, THOMAS**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **J** ☐ Change ☒ Addition
NAME **PIZZO, PETER**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **D** ☐ Delete
NAME **NEHRA, JOHN**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **Director** ☐ Change ☒ Addition
NAME **Genp McGeehan**
STREET ADDRESS **2555 Marconi Dr. Suite 220**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **D** ☐ Delete
NAME **HADLEY, CHARLES**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **Director** ☐ Change ☐ Addition
NAME **Robert J. More**
STREET ADDRESS **2555 Marconi Dr Suite 220**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **D** ☐ Delete
NAME **DRANT, RYAN**
STREET ADDRESS **2555 MARCONI DRIVE, SUITE 220**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 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

Peter J Pizzo III 7-8-03 770 753 4848

Date

Daytime Phone #

CR2E034 (4/03)