

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 002 ***150.00

DOCUMENT # F92000000792

1. Corporation Name

GROUP PLAN CLINIC, INC.

Principal Place of Business

24 GREENWAY PLAZA
SUITE 725
HOUSTON TX 77046

Mailing Address

ATTN: MICHELLE ANCOSKY
P.O. BOX 209
MACON GA 31202
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

74-2017248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 6950 COLUMBIA GATEWAY DR

Suite, Apt. #, etc.

27 SUITE 400

City & State

28 COLUMBIA MD

Zip

Country

29 21096

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME CONSIDINE, JAMES F
STREET ADDRESS 24 GREENWAY PLAZA, SUITE 725
CITY-ST-ZIP HOUSTON TX 77046

☒ DELETE

TITLE EVCF
NAME SMITH, JOSEPH V
STREET ADDRESS 24 GREENWAY PLAZA, SUITE 725
CITY-ST-ZIP HOUSTON TX 77046

☐ DELETE

TITLE DVT
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

☐ DELETE

TITLE CT
NAME CHARLESON, DONNA
STREET ADDRESS 24 GREENWAY PLAZA, SUITE 725
CITY-ST-ZIP HOUSTON TX 77046

☐ DELETE

TITLE DAS
NAME BEDENBAUGH, JAMES R.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

☐ DELETE

TITLE D
NAME FUZZELL, CHERIE
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS
1.2 NAME ANCOSKY, MICHELLE H
1.3 STREET ADDRESS 3414 PEACHTREE ROAD, N.E., SUITE 1400
1.4 CITY-ST-ZIP ATLANTA, GA 30326

☐

Change

☒

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐

Change

☐

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐

Change

☐

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE AS
6.2 NAME LANG, MARIAN
6.3 STREET ADDRESS 3414 PEACHTREE ROAD, NE, SUITE 1400
6.4 CITY-ST-ZIP ATLANTA, GA 30326

☐

Change

☒

Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle H. Ancosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle H. Ancosky

4/7/99

Date

(904) 891-9200

Daytime Phone #

CR2E034 (1/98)

Doc# J92000000792
532384907322

GROUP PLAN CLINIC, INC.

ADDITIONAL OFFICERS

NAME	TITLE	ADDRESS
Dennis P. Moody	Director	13736 Riverport Drive, Suite 400 Maryland Heights, MO 63043
Joseph V. Smith	Executive Vice President; Chief Operatin Officer	24 Greenway Plaza, Suite 700 Houston, TX 77046
Dennis J. Lazaroff	Vice President	13736 Riverport Drive, Suite 400 Maryland Heights, MO 63043
Cheryl Mills	Secretary	24 Greenway Plaza, Suite 700 Houston, TX 77046