

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003886

1. Entity Name  
EDUCATIONAL MEDICAL, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90117 020 \*\*\*150.00

Principal Place of Business

1400 HEMBREE RD.  
STE 100  
ROSWELL GA 30076

Mailing Address

1400 HEMBREE RD.  
STE 100  
ROSWELL GA 30076

00040031



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 65-0838445

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
KERBER, GARY S  
1400 HEMBREE RD., STE 100  
ROSWELL GA 30076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Veronica Dillon  
888 Seventh Avenue  
New York, NY 10106 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
PISANO, VINCE  
1400 HEMBREE RD., STE 100  
ROSWELL GA 30076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jonathan Grayer  
888 Seventh Avenue  
New York, NY 10106 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BROWN, MORRIS C  
222 LAKEVIEW AVENUE, SUITE 800  
WEST PALM BEACH FL 33401 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Andrew Rosen  
888 Seventh Avenue  
New York, NY 10106 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KROON, RICHARD  
1400 HEMBREE RD., STE 100  
ROSWELL GA 30076 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Ross Hamacher  
888 Seventh Avenue  
New York, NY 10106 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUTMAN, CARL S  
1400 HEMBREE RD., STSE 100  
ROSWELL GA 30076 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CRESCI, ROBERT J  
1400 HEMBREE RD., STE 100  
ROSWELL GA 30076 ☒ 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

Date

Daytime Phone #

CR2E034 (10/00)