

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001165 (8)

1. Corporation Name

MEDICAL SEARCH, INC.



Principal Place of Business

100 CRESCENT CENTRE PARKWAY  
SUITE 520  
TUCKER GA 30084

Mailing Address

100 CRESCENT CENTRE PARKWAY  
SUITE 520  
TUCKER GA 30084

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

58-1970270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TERMOTTO, TOM  
203 KOGERAMA BUILDING  
1300 EXECUTIVE DRIVE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Termotto, Tom  
82 Street Address (P.O. Box Number is Not Acceptable)  
1311 Executive Center Dr.  
83 Ellis Building, Suite 231  
84 City Tallahassee

FL 85 Zip Code 32301

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 of applicant

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ALEXANDER, LOWELL	100 CRESCENT CENTRE PKWY., SUITE 520	TUCKER GA 30084	<input checked="" type="checkbox"/>
V	ALEXANDER, DAVID	100 CRESCENT CENTRE PKWY., SUITE 520	TUCKER GA 30084	<input checked="" type="checkbox"/>
S	ALEXANDER, BARBARA	100 CRESCENT CENTRE PKWY.	TUCKER GA 30084	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
President	David Alexander	100 crescent centre pkwy, Suite 520	Tucker, GA 30084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Ronald Washburn	100 crescent centre Parkway, Suite 520	Tucker, GA 30084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Ronald Washburn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

770-908-2113

Date Daytime Phone #

CR2E034 (12/95)