FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F95000001165 (8)**

1. Corporation Name
MEDICAL SEARCH, INC.

Principal Place of Business	Mailing Address
100 CRESCENT CENTRE PARKWAY ~~SUITE 520~~ TUCKER GA 30084	100 CRESCENT CENTRE PARKWAY ~~SUITE 520~~ TUCKER GA 30084-7039

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: Suite 360
Suite, Apt. #, etc. — 27: Suite 360

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

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
1311 EXECUTIVE CENTER DR
ELLIS BUILDING, SUITE 231
TALLAHASSEE FL 32301

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: (Type or Print Name of the Registered Agent and Title, if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME: ALEXANDER, DAVID		1.2 NAME	
STREET ADDRESS: 100 CRESCENT CENTRE PKWY, ~~SUITE 520~~		1.3 STREET ADDRESS: 100 Crescent Centre Pkwy, Suite 360	
CITY-ST-ZIP: TUCKER GA		1.4 CITY-ST-ZIP	
TITLE: S Washburn	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME: ~~WASHBORN~~, RONALD		2.2 NAME: Washburn, Ronald	
STREET ADDRESS: 100 CRESCENT CENTRE PARKWAY ~~SUITE 520~~		2.3 STREET ADDRESS: 100 Crescent Centre Pkwy, Suite 360	
CITY-ST-ZIP: TUCKER GA		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/24/97 770-908-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011187