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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan

Secretary of State /
DIVISION OF CORPORATIONS

.1998
DOCUMENT #

Principal Place of Business

2. Principal Place of Business

TUCKER GA 30084

Suite, Apt. #, etc.

City & State

STE 360

21

23

24

Zip

100 CRESCENT CENTRE PARKWAY

F95000001165 (8)

26

28

29

Mailing Address

TUCKER GA 30084

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE 360

100 CRESCENT CENTRE PARKWAY

MEDICAL SEARCH, INC.

Elite Medical Search, Inc.

Country

- 9, Name and Address of Current Registered Agent

25

1311 EXECUTIVE CENTER DR

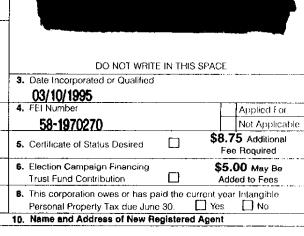
ELLIS BUILDING, SUITE 231

TALLAHASSEE EL 32301

TERMOTTO, TOM

Inc. 4th of 1997

FILED
Apr 03 1998 8:00am
Secretary of State



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

Was in tool of a poor	L			
	84	City	85	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat 	d by	the corporation's board of directors. I hereby accept the appoint	intme	ging its registered ant as registered

82

83

Country

30

SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE ☐ Change ALEXANDER, DAVID NAME 1.2 NAME 100 CRESCENT CTR PKWY, STE 360 STREET ADDRESS 1.3 STREET ADDRESS TUCKER GA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition WASHBURN, RONALD NAME 2.2 NAME 100 CRESENT CTR PKWY, STE 360 STREET ADDRESS 2.3 STREET ADDRESS TUCKER GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 YITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ___ Change TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Addition TITLE 51 TULE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITL€ 6.1 TITLE 5000024780 Addition NAME -04/03/98--01051--011 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 eath; that I am an officer or director of the corporation or the receiver or trusted employered 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 attendment with an address.