FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90111 009 ***150.00

DO NOT WRITE IN THIS SPACE

770-908-2113

Mailing Address

TUCKER GA 30084

STE 360

100 CRESCENT CENTRE PARKWAY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001165

FITE MEDICAL SEARCH INC

Principal Place of Business

STE 360

CITY-ST-ZIP

SIGNATURE:

TUCKER GA 30084

100 CRESCENT CENTRE PARKWAY

	MILDIOAL	SEARCH,	IIIO.

**		00					5. Date incorporated or Qualified			
2 Oringinal E	y in						03/10/1995			
<u> </u>	Place of Business		. Mailing Address				4. FEI Number		Applied For	
21 Suito Ast	ш	26					58-1970270		Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Additional se Required	
City & Stat	le		City & State				6. Election Campaign Financing		.00 May Be	
23		28					Trust Fund Contribution	,	ded to Fees	
Zip	Country		Zip	Соиг	ntry		8. This corporation owes the current year Inter	-	,	
24	25	29		30				Yes	i∷∏No	
	9. Name and Address of Current	t Regis	tered Agent				10. Name and Address of New Registered A	gent	M	
TEDI					81	Name				
	MOTTO, TOM			}	82 Street Address (P.O. Box Number is Not Acceptable)					
	EXECUTIVE CENTER DR				82 Street Address (P.O. Box Number is Not Acceptable)					
	S BUILDING, SUITE 231									
TALL	LAHASSEE FL 32301			1	_					
ı I					84	City	FL	85	Zip Code	
11, Pursuant	to the provisions of Sections 607 0507	2 and 60	07 1508 Florida Statute	e the at	20/0	-named or	corporation cultimits this statement for the number of all		- it- englishmen	
Unice Of 1	egistered agent, or both, in the State of	or r ioria:	ia. Such change was au	utnonzed	DV t	the comora	porporation submits this statement for the purpose of creation's board of directors. I hereby accept the appoint	nangın ment a	g its registered as registered	
agent. i ac	m familiar with, and accept the obligati	ions of,	Section 607.0505, Flori	ida Statu	tes.	-				
SIGNATURE	Signature, typed or printed name of registered agent		, , hi							
12.	Signature, typed or printed name of registered agent OFFICERS AND			_	Agent	signature requ	quired when reinstating) DATE			
TITLE	P OFFICERS AND	JUINE	☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND			
NAME	'		□ AFTERE	1.1 TITL			ı	☐ Chai	nge	
	ALEXANDER, DAVID			1.2 NAM						
STREET ADDRESS	100 CRESCENT CTR PKWY, STI	E 360				ADDRESS	•			
CITY-ST-ZIP	TUCKER GA			1.4 CITY	_	ZIP				
TITLE	S		☐ DELETE	2.1 TITL	.E		,	Char	nge	
NAME	WASHBURN, RONALD			2.2 NAM	Æ					
STREET ADDRESS	100 CRESENT CTR PKWY, STE	. 360		2.3 STF	(EET A	ADDRESS				
CITY-ST-ZIP	TUCKER GA			2. 4 CIT	Y-ST	-ZIP				
TITLE			☐ DELETE	3.1 TITL	E			Char	nge Addition	
NAME				3.2 NAM	Æ					
STREET ADDRESS				3.3 STR	EET#	ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-ST	. <i>1</i> IP				
TITLE			☐ DELETE	4.1 TITLI				☐ Char	nge Addition	
NAME				4. 2 NAM	ΜE		-			
STREET ADDRESS				1		ADDRESS			-	
CiTY-ST-ZIP				4.4 CITY						
TITLE			☐ DELETE	5.1 TITLE		218		Chan	nge [] Addition	
NAME			<u> </u>	5.2 NAM		- 1	·		ige Li Addition	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			☐ OELETE	6.1 TITLE		ZIP		7.0	-1 1 1 2 2	
NAME			LJ OLLEIL	6.2 NAMI			L	_ Chan	nge 🗌 Addition	
					_					
STREET ADDRESS				6.3 STRF	EETA	UDDRESS				

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 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.