

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90144 032 ***150.00

032422 AT

DOCUMENT # F95000001165

1. Entity Name
ELITE MEDICAL SEARCH, INC.

Principal Place of Business

100 CRESCENT CENTRE PARKWAY
STE 360
TUCKER GA 30084
US

Mailing Address

100 CRESCENT CENTRE PARKWAY
STE 360
TUCKER GA 30084
US

2. Principal Place of Business

1979 Lakeside Pkwy

Suite, Apt. #, etc.

Ste 250

City & State

Tucker, GA

Zip

30084

Country

US

3. Mailing Address

1979 Lakeside Pkwy.

Suite, Apt. #, etc.

Ste 250

City & State

Tucker, GA

Zip

30084

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1970270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	100 CRESCENT CTR PKWY, STE 360	
CITY-ST-ZIP	TUCKER GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WASHBURN, RONALD	
STREET ADDRESS	100 CRESENT CTR PKWY, STE 360	
CITY-ST-ZIP	TUCKER GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

2/26/02

770-908-2113

CR2E034 (9/01)