2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

2003 UNIF	B FOR PROFI	T CORPOR	ATION (UBR)	FILE May 01, 200	3 8:00 am	0697737
DOCUME 1. Entity Name ELITE MEDICA		0001165		Secretary 0 05-01-2003 90545 04	of State	Ŧ
Principal Place of Bu 1979 LAKESIDEW PK STE 250 TUCKER GA 30084 US 2. Principal Place of	(WY	Mailing Address 1979 LAKESIDEW PKWY STE 250 TUCKER GA 30084 US 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKIN	G CHANGES	
City & State		City & State		4. FEI Number 58-1970270	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6.	Name and Address of Current F	egistered Agent		7. Name and Address of New Registered	l Agent	ļ
TERMOTTO, TOM 1311 EXECUTIVE CENTER DR ELLIS BUILDING, SUITE 231			Street Address	(PD, Bax Number is Net Acceptable)	Company	· :
TALLAHASSEE	FL 32301		City — \City	lahassee Fl	Zio Code	
the obligations of :	registered agent.	trick Lalor, Assi		erred agent, or both, in the State of Florida. I and 4/22 ad when reinstating)	familiar with, and accept	
After May	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of			9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND E	·····	11.	ADDITIONS/CHANGES TO OFFICERS AN		ন
STREET ADDRESS 100	KANDER, DAVID CRESCENT CTR PKWY, STE KER GA	7 Delete 360	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	E034 (10/02)
STREET ADDRESS 100 (HBURN, RONALD CRESENT CTR PKWY, STE 3 KER GA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CR2E0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREE ADDRESS CITY-ST-UP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Change

☐ Addition

attachment

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Officers and Board of D			
Title	Name	Business Address	
Vice President/ Treasurer	Philip Monti	One Independent Drive Jacksonville, FL 32202	
Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202	
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202	
VP of Taxes/Asst Treasurer	Gerald Robinson	One Independent Drive Jacksonville, FL 32202	
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202	
Director	Robert Crouch	 One Independent Drive Jacksonville, FL 32202 	
Director	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202	