

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001451 (2)

1. Corporation Name

THERATX MEDICAL SUPPLIES, INC.



Principal Place of Business

Mailing Address

SUITE 400
400 NORTHRIDGE ROAD
ATLANTA GA 30350

SUITE 400
400 NORTHRIDGE ROAD
ATLANTA GA 30350

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3290533

Applied For

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of 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 PD ☐ DELETE

NAME BARDIS, JOHN A
STREET ADDRESS 400 NORTHRIDGE ROAD, SUITE 400
CITY-ST-ZIP ATLANTA GA 30350

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME Gary Green
1.3 STREET ADDRESS 400 NORTH RIDGE Rd, Ste 400
1.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE VSD ☐ DELETE

NAME MYLL, DONALD R
STREET ADDRESS 400 NORTHRIDGE ROAD, SUITE 400
CITY-ST-ZIP ATLANTA GA 30350

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V/T/D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☒ DELETE

NAME CAYCE, LAURA E
STREET ADDRESS 400 NORTHRIDGE ROAD, SUITE 400
CITY-ST-ZIP ATLANTA GA 30350

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE

NAME LORD, TODD
STREET ADDRESS 400 NORTHRIDGE ROAD, SUITE 400
CITY-ST-ZIP ATLANTA GA 30350

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME GLENN, JONATHAN H
STREET ADDRESS 400 NORTHRIDGE ROAD, SUITE 400
CITY-ST-ZIP ATLANTA GA 30350

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME V/S
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME RANDALL, FREDERIC A
STREET ADDRESS 4675 MACARTHUR COURT, SUITE 1000
CITY-ST-ZIP NEWPORT BEACH CA 92660

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/98

Daytime Phone #

CR2E034 (12/95)