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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 30350-3332

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-3290533 ☐ Applied For ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1105 Sanctuary Pkwy.	26 1105 Sanctuary Pkwy.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Alpahretta, GA	City & State 28 Alpharetta, GA
Zip / Country 24 30201 / 25 Fulton	Zip / County 29 30201 / 30 Fulton

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Both Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BARDIS, JOHN A		1.2 NAME		
STREET ADDRESS	400 NORTHRIDGE ROAD, SUITE 400		1.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste 100	
CITY-ST-ZIP	ATLANTA GA 30350		1.4 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MYLL, DONALD R		2.2 NAME		
STREET ADDRESS	400 NORTHRIDGE ROAD, SUITE 400		2.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Alpahretta, GA 30201	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GREEN, GARY		3.2 NAME		
STREET ADDRESS	400 NORTH RIDGE RD., STE. 400		3.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste 100	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	VS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	GLENN, JONATHAN H		4.2 NAME		
STREET ADDRESS	400 NORTHRIDGE ROAD, SUITE 400		4.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste 100	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Alpharetta, Ga 30201	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, FREDERIC A		5.2 NAME		
STREET ADDRESS	4675 MACARTHUR COURT, SUITE 1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 supplemented 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: _____ Secretary (770) 569-1840