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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F95000001453 (8)**

1. Corporation Name
THERATX HEALTHCARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
400 NORTHRIDGE ROAD. SUITE 400 ATLANTA GA 30350	400 NORTHRIDGE ROAD. SUITE 400 ATLANTA GA 30350-3332

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 04/26/1996

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 Alpharetta, Georgia	City & State 28 Alpharetta, Georgia
Zip / Country 24 30201 / 25 Fulton	Zip / Country 29 30201 / 30 Fulton

4. FEI Number: 59-3290532 ☐ 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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	Alpharetta, GA 30201
TITLE	V ☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	CAYCE, LAURA E	3.2 NAME	GREEN, GARY
STREET ADDRESS	400 NORTHRIDGE ROAD, SUITE 400	3.3 STREET ADDRESS	1105 Sanctuary Pkwy,Ste. 100
CITY-ST-ZIP	ATLANTA GA 30350	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	1105 Sanctuary Pkwy., Ste 100
CITY-ST-ZIP	NEWPORT BEACH CA 92660	5.4 CITY-ST-ZIP	Alpharetta, GA 30201
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 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: _____ Secretary (770) 569-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012661