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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000001743
 1. Corporation Name
VERSAPHARM INCORPORATED



Principal Place of Business: P.O. BOX 7509, MARIETTA GA 30065-1509
 Mailing Address: P.O. BOX 7509, MARIETTA GA 30065-1509

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
04/10/1995

2. Principal Place of Business: 21 200 N. Cobb Pkwy., Suite 210, Marietta, GA 30062
 2a. Mailing Address: 26 [Blank], Suite, Apt. #, etc. [Blank], City & State [Blank], Zip [Blank], Country [Blank]

4. FEI Number: 58-2146739
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name [Blank]
 82 Street Address (P.O. Box Number is Not Acceptable) [Blank]
 83 [Blank]
 84 City [Blank] FL 85 Zip Code [Blank]

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	P [] DELETE	1.1 TITLE	Vice President [] Change [x] Addition
NAME	WARE, R. JOE	1.2 NAME	Merideth, Carl A.
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	1.3 STREET ADDRESS	200 N. Cobb Pkwy., Suite 210
CITY-ST-ZIP	MARIETTA GA 30062	1.4 CITY-ST-ZIP	Marietta, GA 30062
TITLE	ST [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	BROWN, GERALD B	2.2 NAME	
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	2.4 CITY-ST-ZIP	
TITLE	D [x] DELETE	3.1 TITLE	[] Change [] Addition
NAME	MERIDETH, SHELLEY G	3.2 NAME	
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062	3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. 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 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, with all other like empowered.

SIGNATURE: Gerald B. Brown REQ Gerald B. Brown 2-10-99 770-499-8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)