

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90236 014 ***150.00

DOCUMENT # F95000001743

1. Entity Name
VERSAPHARM INCORPORATED

Principal Place of Business Mailing Address
~~200 N COBB PKWY~~ P.O. BOX 7509
~~STE 210~~ MARIETTA GA 30065-1509
~~MARIETTA GA 30062~~
~~US~~

915001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1775 West Oak Pkwy
 Suite Apt. #, etc. Suite Apt. #, etc.
800 "Same As Above"
 City & State City & State
Marietta, GA
 Zip Country Zip Country
30062 USA

4. FEI Number **58-2146739** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WARE, R. JOE	
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, GERALD B	
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERIDETH, SHELLEY G	
STREET ADDRESS	200 N. COBB PKWY. SUITE 210	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	V	<input type="checkbox"/> Delete
NAME	MERIDETH, CARL A	
STREET ADDRESS	200 N COBB PKWY STE 210	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald B. Brown **Gerald B. Brown** 02/02/01 770-499-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)