

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 003 ***150.00

DOCUMENT # F95000002777

1. Entity Name

SHARED SERVICES HEALTHCARE, INC.



Principal Place of Business

2300 WINDY RIDGE PARKWAY
SUITE 560 SOUTH
ATLANTA GA 30339

Mailing Address

2300 WINDY RIDGE PARKWAY
SUITE 560 SOUTH
ATLANTA GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2158576

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **FREY, EDWARD R**
STREET ADDRESS **10405 PINE STREET**
CITY-ST-ZIP **MANNING SC 29102**

TITLE **P** ☐ Delete
NAME **GREEN, SANDRA W**
STREET ADDRESS **500 AYN CT**
CITY-ST-ZIP **ROSWELL GA**

TITLE **CPO** ☒ Delete
NAME **MILFORD, MAX**
STREET ADDRESS **4007 W. WENDOVER AVE.**
CITY-ST-ZIP **GREENSBORO NC 27407**

TITLE **STB** ☐ Delete
NAME **BEDSOLE, BILL**
STREET ADDRESS **624 EAST 12TH STREET**
CITY-ST-ZIP **GREENSBORO NC 27407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Phil Cusa**
STREET ADDRESS **750 Morphy Ave.**
CITY-ST-ZIP **Fairhope, AL 36532**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Stephanie Boynton**
STREET ADDRESS **128 Wheelertown Rd**
CITY-ST-ZIP **Pikeville, TN 37367**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Carter* **Barry Carter V.P. Finance 2-9-05 770-952-6916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #