

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90039 006 \*\*\*150.00

DOCUMENT # F95000003743

1. Corporation Name  
CMG HEALTH, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

52-1473182

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	1.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDENBAUCH, JAMES R.	2.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUZZELL, CHERIE	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, ANDREW M.	4.2 NAME	CUMMINGS, ANDREW M
STREET ADDRESS	ONE MAYNERD DRIVE	4.3 STREET ADDRESS	666 THIRD AVENUE - 5TH FLOOR
CITY-ST-ZIP	PARK DRIVE NJ 07656	4.4 CITY-ST-ZIP	NEW YORK NY 10017
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ANCOSKY, MICHELLE H
STREET ADDRESS		5.3 STREET ADDRESS	3414 PEACHTREE ROAD, N.E., SUITE 1400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATLANTA GA 30326
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LANG, MARIAN
STREET ADDRESS		6.3 STREET ADDRESS	3414 PEACHTREE ROAD, N.E., SUITE 1400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ATLANTA GA 30326

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:

Michelle H. Ancosky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle H. Ancosky

4/7/99

Date

(404) 891-9200

Daytime Phone

CR2E034 (1/98)