

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003743

1. Entity Name

CMG HEALTH, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90113 009 ***150.00

Principal Place of Business

Mailing Address

25 CROSSROADS DR., STE 200
OWINGS MILL MD 21117

6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046-2706
US

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

52-1473182

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 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	DVT	<input type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R.	
STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ANCOSKY, MICHELLE H	
STREET ADDRESS	3414 PEACHTREE RD NE, ST #1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANDREW M.	
STREET ADDRESS	666 THIRD AVENUE 5TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LANG, MARIAN	
STREET ADDRESS	3414 PEACHTREE RD NE, STE #1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3500 Piedmont Road, NE, Suite 775	
CITY-ST-ZIP	Atlanta, GA 30305	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Bedenbaugh	
STREET ADDRESS	3500 Piedmont Road, NE, Suite 775	
CITY-ST-ZIP	Atlanta, GA 30305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	666 Third Avenue, 31st Floor	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte Sanford

Date

4/26/00

Daytime Phone #

CR2E034 (9/99)