2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005492

SOUTHERN MEDICAL LEASING CORPORATION

Principal Place of Business	Mailing Address	
CLINTON AVE., SUITE 804	200 CLINTON AVE SUITE 804 HUNTSVILLE AL 35801-4933	
2. Principal Place of Business	3. Mailing Address	,
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FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90131 011 ***150.00

Principal Plac	ce of Business	Mailing Address							
··· CLINTON AVE SUITE 804		200 CLINTON AVE., SUITE HUNTSVILLE AL 35801-490	-						
				110		BB(88 80 6			
2. Principal F	Place of Business	3. Mailing Address		 					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRIT	TE IN THIS SE	PACE		
City & Stat	re	City & State		4. FEIN	Number 63-0714086	3	Ar	oplied For	
Zip	Country	Zip	Country				8.75 Add	ot Applicable	
		<u> </u>			5. Certificate of Status Desired Fe			ee Required	
·	6. Name and Address of Curre	nt Registered Agent	Name	7. Name	e and Address of New R	iegistereu Aţ	jent		
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	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		Street Address		lumber is Not Acceptable	e)			
	NTATION FL 33324		<u> </u>						
			City				Zip Cod		
			City			F <u>L</u>	2 ip 000	-	
. The above	e named entity submits this statement	t for the purpose of changing i	ts registered office or regis	tered agent,	or both, in the State of Flo	orida.			
IGNATURE									
	Signature, typed or printed name of registered agr	ent and title if applicable. (NO	OTE, Registered Agent signature requ	ired when reinstat	ing)	DATE			
9. This corp	oration is eligible to satisfy its Intangil	~ <i>I</i>	V!!! FEE IS \$150.00	10	Election Campaign Fig.	nancino	\$5 C	May Ro	
Tax filing	requirement and elects to do so.	After MAY 1, 2	2000 Fee will be \$550.0	0	Election Campaign Fir Trust Fund Contributio			May Be	
Tax filing	requirement and elects to do so. ria on back)	After MAY 1, 2 Make Check Paya	2000 Fee will be \$550.0 able to Department of S	o State	Trust Fund Contribution	n. 🗆	Added	to Fees	
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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:

Daytime Phone #