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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000002741

1. Corporation Name

KIDS MEDICAL CLUB, INC.

Principal Place of Business

310 TECHNOLOGY PARKWAY
NORCROSS GA 30092
US

Mailing Address

310 TECHNOLOGY PARKWAY
NORCROSS GA 30092
US

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

81

Name

82

Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84

City
Tallahassee

FL

85

Zip Code
32301

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

Nelora O. Skipper as Agent

(NOTE: If you are not the registered agent, you must sign this statement.)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE

DCP
SANSONE, JOSEPH D

[] DELETE

NAME

3159 CAMPUS DR

STREET ADDRESS

NORCROSS GA 30071

CITY-ST-ZIP

TITLE

VST
MENGERT, STEPHEN M.

[] DELETE

NAME

3159 CAMPUS DR

STREET ADDRESS

NORCROSS GA

CITY-ST-ZIP

TITLE

CFO
MENGERT, STEPHEN M.

XX DELETE

NAME

3159 CAMPUS DR

STREET ADDRESS

NORCROSS GA

CITY-ST-ZIP

TITLE

[] DELETE

NAME

[] DELETE

STREET ADDRESS

[] DELETE

CITY-ST-ZIP

TITLE

[] DELETE

NAME

[] DELETE

STREET ADDRESS

[] DELETE

CITY-ST-ZIP

TITLE

[] DELETE

NAME

[] DELETE

STREET ADDRESS

[] DELETE

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

[X] Change [] Addition

12 NAME

13 STREET ADDRESS

310 Technology Parkway
Norcross, GA 30092-2929

14 CITY-ST-ZIP

21 TITLE

[X] Change [] Addition

22 NAME

23 STREET ADDRESS

310 Technology Parkway
Norcross, GA 30092-2929

24 CITY-ST-ZIP

31 TITLE

[] Change [] Addition

32 NAME

33 STREET ADDRESS

600002858966--5

34 CITY-ST-ZIP

-04/30/99--01113--025

41 TITLE

****158.75 [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

[] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

[] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph D. Sansone, President

770-441-1580

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