	UNIFORM BUSI		RT (U	BR)		ГП	FD	
DOCUMENT # F9600002741					FILED Jul 28, 2000 8:00 am Secretary of State			
KIDS M	edical club, inc.		V					
						07-28-2000 9000	3 024 ***550	00.00
,		Mailing Address 310 TECHNOLOGY PARKWY						
310 TECHNOLOGY PARKWAY NORCROSS GA 30092		NORCOSS GA 30092						
US		US						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number	58-1914520		plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent				dress of New Register	ed Agent	
CORPORATION SERVICE COMPANY				ie				
120	1 HAYS STREET		Stre	Street Address (P.O. Box Number is Not Acceptable)				
TAL	LAHASSEE FL 32301			· · · · · · · · · · · · · · · · · · ·				
1			City			F	Zip Cod	e
8. The above	named entity submits this statement for t	the purpose of changing its r	egistered offic	e or registered a	gent, or both, i	n the State of Florida.		
i								
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent s	ignature required when	reinstating)	DA	TE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			, 2000 Min. v	vill be \$750.00		on Campaign Financing Fund Contribution.		O May Be I to Fees
11.	OFFICERS AND D	IRECTORS	12.	A	DDITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	
TITLE NAME	DCP SANSONE, JOSEPH D	Delete	TITLE NAME				🔲 Change	Addition
STREET ADDRESS	310 TECHNOLOGY PARKWAY		STREET ADDR	ss				
CITY-ST-ZIP TITLE	NORCROSS GA 30092-2929 VST	Delete	CITY-ST-ZIP TITLE	VST			X Change	Addition
NAME	MENGERT, STEPHEN M.		NAME	James	M. McNe:			CAR HARDON
STREET ADDRESS CITY-ST-ZIP	310 TECHNOLOGY PARKWAY NORCROSS GA 30092-2929		STREET ADORI CITY-ST-ZIP			y Parkway 30092-2929		
TITLE .		Delete	TITLE	Norcro	ISS, GA		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRI	SS		· · · · · ·		
CITY-ST-ZIP		·	CITY-ST-ZIP					
TITLE NAME		Delete	TITLE				Change	Addition
STREET ADDRESS			STREET ADDRE	SS				
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE				Change	Addition
NAME			NAME				<u> </u>	
STREET ADDRESS CITY - ST - ZIP			STREET ADDRE	55				
TITLE	<u>,</u>	Deiete	TITLE	····			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	iss				
City-st-zip			CITY-ST-ZIP					
indicated	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the supplement with an address, with the supplement with an address, with the supplementation of the superscent of the superscent of the supplementation of the supers	rue and accurate and that m	v signaturo eh	ail have the same	a lonal offort as	s if made under oath: tha	et Lam an officer.	or director 1
		\		Sansone,			2000 (770	
SIGNAT		NEED NAME OF SIGNING OFFICER O	La			Date	Daytime Phone #	
	\/_			<u></u>				