

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90652 001 ***150.00

DOCUMENT # F97000002467

1. Entity Name
MANAGEMENT HEALTH SYSTEMS, INC.



Principal Place of Business
**5608 PRINCETON AVE
COLUMBUS GA 31904**

Mailing Address
**5608 PRINCETON AVE
COLUMBUS GA 31904**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2297524**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STARKS, M WAYNE
109 MARSH CREEK RD
FERNANDENA BEACH FL 32034**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	STARKE, M W	
STREET ADDRESS	6151 CAPE COD DRIVE	
CITY-ST-ZIP	COLUMBUS GA 31904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMONIER, MICHAEL	
STREET ADDRESS	563 MILLER RD	
CITY-ST-ZIP	NO BENNINGTON IL 60010	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARKER, JIM	
STREET ADDRESS	ROUTE 1, BOX 1890	
CITY-ST-ZIP	BOX SPRINGS GA 31801	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPROOSE, EDWARD	
STREET ADDRESS	1043 THRID AVENUE	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6500 WATERFORD RD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 RIDGECROFT LANE	
CITY-ST-ZIP	BARRINGTON HILLS, IL 60010	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 JUNIPER MILL POND ROAD	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Parker, Secretary **James H. Parker, Secretary** 3/17/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00646339 AB

CR2E034 (10/02)