FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 20, 2001 8:00 am DOCUMENT # F97000003049 **Secretary of State** INMED CORPORATION 02-20-2001 90069 015 \*\*\*150.00 Principal Place of Business Mailing Address 2450 MEADOWBROOK PARKWAY 2450 MEADOWBROOK PARKWAY DULUTH GA 30096 DULUTH GA 30096 00018986 HS 2. Principal 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 Applied For 13-2779077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change NAME EMM, DAVID F NAME 2450 MEADOWBROOK PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DULUTH GA 30136** CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition CHANCE, STEVEN K NAME NAME STREET ADDRESS 630 W GERMANTOWN PIKE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PLYMOUTH MEETING PA 19462 TITLE ☐ Delete TITLE Change ☐ Addition BYRNE, THOMAS M NAME NAME STREET ADDRESS 155 S LIMERICK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LIMERICK PA 19468 TITLE Delete ☐ Change ☐ Addition TITLE BOYER, DAVID S NAME NAME STREET ADDRESS 630 W. GERMANTOWN PIKE STREET ADDRESS CITY-ST-ZIP PLYMOUTH MEETING PA 19462 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition. NAME ZEARFOSS, HERBERT K STREET ADDRESS 155 S. LIMERICK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIMERICK PA 19468 AS ☐ Delete TITLE ☐ Change ☐ Addition NAME FRAGAKIS, ARTHUR NAME STREET ADDRESS 2450 MEADOWBROOK PKWY. STREET ADDRESS CITY-ST-ZIP DULUTH GA 30096 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.

ARTHUR FRAGAKIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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770 623-0816