

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90087 035 ***150.00

DOCUMENT # F97000004311

1. Entity Name
SERAMED, INC.

Principal Place of Business Mailing Address
1717 W TENNESSEE ST **780 PARK NORTH BOULEVARD SUITE 110**
TALLAHASSEE FL 32304 **CLARKSTON GA 30021-1900**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **58-2142226** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	P	<input checked="" type="checkbox"/> Delete		President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	TENOSO, HAROLD J PHD			Jr. O'Connell, Desmond H.	
	780 PARK NORTH BOULEVARD SUITE 110			780 Park North Blvd	
	CLARKSTON GA 30096			Clarkston, GA 30021	
	VPTS	<input checked="" type="checkbox"/> Delete		Vice President, Treasurer, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PLUMB, RUSSELL H			#11220, Peter J.	
	780 PARK NORTH BOULEVARD SUITE 110			780 Park North Blvd	
	CLARKSTON GA 30096			Clarkston, GA 30021	
	AS	<input checked="" type="checkbox"/> Delete		Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	CHRISTINE, F. JANEY			Ruby, Donna L	
	780 PARK NORTH BOULEVARD SUITE 110			780 Park North Blvd	
	CLARKSTON GA 30096			Clarkston, GA 30021	
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ DATE: **03-02-00** DAYTIME PHONE #: **(404) 296-5595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR