

**FILE NOW: FILING FEE AFTER MAY.1ST IS \$550.00**

**FILED**  
**Jun 11, 1998 8:00 am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000004311 (3)**

1. Corporation Name  
**SERAMED, INC.**



Principal Place of Business: **780 PARK NORTH BOULEVARD SUITE 110 CLARKSTON GA 30021**  
 Mailing Address: **780 PARK NORTH BOULEVARD SUITE 110 CLARKSTON GA 30021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1997**  
 4. FEI Number: **58-2142226** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 **1717 W. Tennessee St.**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Tallahassee, FL**  
 Zip Country  
 24 **32304 USA**  
 25  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29  
 30

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | CEO                                | <input type="checkbox"/> DELETE |
| NAME           | TENOSO, HAROLD J PHD               |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |
| TITLE          | COOP                               | <input type="checkbox"/> DELETE |
| NAME           | HARRISON, CHARLES P                |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |
| TITLE          | VTSD                               | <input type="checkbox"/> DELETE |
| NAME           | PLUMB, RUSSELL H                   |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |
| TITLE          | AS                                 | <input type="checkbox"/> DELETE |
| NAME           | CHRISTINE, F. J                    |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |
| TITLE          | AS                                 | <input type="checkbox"/> DELETE |
| NAME           | PIZZO, PETER                       |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |
| TITLE          | AS                                 | <input type="checkbox"/> DELETE |
| NAME           | RAY, DONNA                         |                                 |
| STREET ADDRESS | 780 PARK NORTH BOULEVARD SUITE 110 |                                 |
| CITY-ST-ZIP    | CLARKSTON GA 30021                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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)(i), 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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013586

CR2E034 (10/97)