

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000894

1. Entity Name

PHYSICIAN SUPPORT SYSTEMS, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90016 046 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 127  
LANDISVILLE PA 17538

1564 NE EXPRESSWAY  
LEGAL DEPT  
ATLANTA GA 30329-2002

2. Principal Place of Business

1564 NE Expressway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Zip

30329

Country

Country

4. FEI Number

13-3624081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS YELLOWLEES, R. A.  
CITY-ST-ZIP 1564 NE EXPRESSWAY  
ATLANTA GA 30329

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SHEA, K. C.  
CITY-ST-ZIP 1564 NE EXPRESSWAY  
ATLANTA GA 30329

TITLE ☒ Delete  
NAME S  
STREET ADDRESS INGRAM, E. M.  
CITY-ST-ZIP 1564 NE EXPRESSWAY  
ATLANTA GA 30329

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Suellen P. Tornay  
CITY-ST-ZIP 1564 NE Expressway  
Atlanta GA 30329

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE:

Suellen P. Tornay

Date

Daytime Phone #

2/2/99 404/228-2239