

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90015 005 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003209**

1. Corporation Name

SPECTRACARE OF ATLANTA, INC.

595599 - 90015 - 5



Principal Place of Business

**240 WHITTINGTON PKWY
LOUISVILLE KY 40222**

Mailing Address

**240 WHITTINGTON PKWY
LOUISVILLE KY 40222**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

61-1147068

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **GRISSOM, J. DAVID**
STREET ADDRESS **400 W. MARKET ST, SUITE 2510**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **STD** ☐ DELETE

NAME **LOMICKA, WILLIAM H**
STREET ADDRESS **400 W. MARKET ST, SUITE 2510**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE **PD** ☐ DELETE

NAME **HOGAN, RICHARD D**
STREET ADDRESS **240 WHITTINGTON PKWY**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE **VD** ☐ DELETE

NAME **DADDS, JOHN**
STREET ADDRESS **240 WHITTINGTON PKWY**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE **D** ☒ DELETE

NAME **MURPHY, JAMES P**
STREET ADDRESS **4361 IRWIN SIMPSON RD**
CITY-ST-ZIP **MASON OH 45020**

TITLE **D** ☐ DELETE

NAME **MCINTIRE, ROBERT T**
STREET ADDRESS **9901 UNN STATION RD**
CITY-ST-ZIP **LOUISVILLE KY 40223**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR
SCHNEIDER, ROBERT S.
120 MONUMENT CIRCLE
INDIANAPOLIS IN 46204

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 REQUIRED JOHN DADDS SECRETARY (502) 429-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/99)

0118770