

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90050 002 ***550.00

DOCUMENT # F98000003832

1. Entity Name

BEST DOCTORS, INC.

Principal Place of Business

Mailing Address

1359 SILVER BLUFF ROAD, SUITE F-2
 ATTN: STEVE LITTLE
 AIKEN SC 29803

1359 SILVER BLUFF ROAD, SUITE F-2
 ATTN: STEVE LITTLE
 AIKEN SC 29803-7859

2. Principal Place of Business

3. Mailing Address

1550 Wilson Boulevard

1550 Wilson Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601

601

City & State

City & State

ARLINGTON, VA

ARLINGTON, VA

Zip

Country

Zip

Country

22209

22209



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2317785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

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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.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NAIFEH, STEVEN W 1359 SILVER BLUFF ROAD, SUITE F-2 AIKEN SC 29803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, JOHN 1 PEPSI WAY SOMERS NY 10589	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRADES, GEORGE 150 CAMBRIDGE PARK DRIVE CAMBRIDGE MA 02140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZLINGER, REGINA 163 BAKER LIBRARY 25 HARVARD WAY BOSTON MA 02163	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GREG W 1359 SILVER BLUFF ROAD, SUITE F-2 AIKEN SC 29803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TICHENOR, SUZY 1359 SILVER BLUFF ROAD, SUITE F-2 AIKEN SC 29803	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SIMONE G Frank 1550 Wilson Boulevard, Suite 601 ARLINGTON, VA 22209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Al Waxman 625 Avenue of the Americas, 4th Floor New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Simone G. Frank

SIMONE G. Frank

5/31/00

703-248-6203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)