

"2001 UNIFORM BUSINESS REPORT (UBR)"

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90633 010 ****70.00

DOCUMENT # *F 98000004936*

1. Entity Name

EMORY HEALTHCARE, INC.



Principal Place of Business

1440 CLIFTON ROAD, SUITE 400
 ATLANTA, GA 30322

Mailing Address

1440 CLIFTON ROAD, SUITE 400
 ATLANTA, GA 30322

C0063441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2137993

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

CT 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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

515-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEES \$561.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNS, MICHAEL M.E. M.D. 1440 CLIFTON RD., STE. 400 ATLANTA, GA 30322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WAYNE M.D. 319 WOODRUFF MEMORIAL BLDG. 1639 PIERCE DR., ATLANTA, GA 30322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, J. DAVID D.D.D. 5090 CHASTLETON DR. STONE MOUNTAIN, GA 30087 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, LORRAINE H. E228 LEGAL SERVICES; 1364 CLIFTON RD. ATLANTA, GA 30322 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, JOHN T. 1440 CLIFTON ROAD, SUITE 440 ATLANTA, GA 30322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASARELLA, WILLIAM M.D. 1364 CLIFTON RD., A-127 ATLANTA, GA 30322 <input type="checkbox"/> Delete

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	S DONNA BERGESON E228 LEGAL SERVICES, 1364 CLIFTON RD., NE ATLANTA, GA 30322 <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

CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Donna P. Bergeson