

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000442

1. Entity Name

PEDIATRIC PHYSICIAN ALLIANCE, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90071 013 ***550.00

Principal Place of Business

Mailing Address

PEACHTREE CORNERS CIRCLE
NORCROSS GA 30092

3230-H PEACHTREE CORNERS CIRCLE
NORCROSS GA 30092-3655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

GWINNETT

GWINNETT

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

W/A

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 W/A

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME D
STREET ADDRESS SANSONE, JOSEPH D
CITY-ST-ZIP 310 TECHNOLOGY PARKWAY
NORCROSS GA 30092

TITLE ☐ Delete

NAME DPCE
STREET ADDRESS BAUER, TERRENCE L
CITY-ST-ZIP 3230-H PEACHTREE CORNERS CIRCLE
NORCROSS GA 30092

TITLE ☐ Delete

NAME VPSD
STREET ADDRESS WOODIS, STEVEN
CITY-ST-ZIP 3230-H PEACHTREE CORNERS CIRCLE
NORCROSS GA 30092

TITLE ☐ Delete

NAME D
STREET ADDRESS BLACK, DON G
CITY-ST-ZIP 6803 WEST 64TH STREET SUITE 208
SHAWNEE MISSION KS 66202

TITLE ☐ Delete

NAME D
STREET ADDRESS PINKAS, ROBERT P
CITY-ST-ZIP 20600 CHAGRIN BLVD., SUITE 1150
CLEVELAND OH 44122

TITLE ☐ Delete

NAME VP
STREET ADDRESS HEETY, ROBERT
CITY-ST-ZIP 3230-H PEACHTREE CORNERS CIRCLE
NORCROSS GA 30092

TITLE ☐ Change ☒ Addition

NAME JOHN BOYD
STREET ADDRESS 12200 PARK CENTRAL, SUITE 130
CITY-ST-ZIP DALLAS, TX 75251

TITLE ☐ Change ☒ Addition

NAME MICHAEL J. FEW
STREET ADDRESS 20600 CHAGRIN BLVD, SUITE 1150
CITY-ST-ZIP CLEVELAND, OH 44122

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS DAVE L. ROER, M.D.
CITY-ST-ZIP 9000 NORTH MAIN ST SUITE 332
DAYTON, OH 45419-1165

TITLE ☐ Change ☒ Addition

NAME CFO
STREET ADDRESS DEBBIE MAMELSON
CITY-ST-ZIP 3230-H PEACHTREE CORNERS CIRCLE
NORCROSS, GA 30092

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:

Deborah D. Mamelson

7/13/00

Date

770-248-4500

Daytime Phone #

CR2E034 (9/99)