

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90074 041 \*\*\*150.00

**DOCUMENT # F99000000442**

**1. Entity Name**  
**PEDIATRIC PHYSICIAN ALLIANCE, INC.**

**Principal Place of Business**  
**3230-H PEACHTREE CORNERS CIRCLE**  
**NORCROSS GA 30092**

**Mailing Address**  
**3230-H PEACHTREE CORNERS CIRCLE**  
**NORCROSS GA 30092**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1805 Old Alabama Road**

**3. Mailing Address**  
**1805 Old Alabama Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 350**

**Suite 350**

**City & State**  
**Roswell, GA**

**City & State**  
**Roswell, GA**

**Zip**  
**30076**

**Country**

**Zip**

**30076**

**Country**

**4. FEI Number**  
**58-2260543**

**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**  
**JOSEPH D SANSONE**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

**TITLE** ☐ **Delete**  
**NAME**  
**D**  
**FINN, MICHAEL**  
**STREET ADDRESS**  
**20600 CHAGRIN BLVD STE 1150**  
**CITY-ST-ZIP**  
**CLEVELAND OH 44122**

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

**TITLE** ☐ **Delete**  
**NAME**  
**VT**  
**JUDY, WAYNE**  
**STREET ADDRESS**  
**3230 H PEACHTREE CORNERS CIR**  
**CITY-ST-ZIP**  
**NORCROSS GA 30092**

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

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

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

**TITLE** ☐ **Delete**  
**NAME**  
**D**  
**HERR, THOMAS**  
**STREET ADDRESS**  
**1625 23RD AVE**  
**CITY-ST-ZIP**  
**MOLINE IL 61265**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Wayne Judy**

**1-15-02**  
**Date**

**678-832-1800**  
**Daytime Phone #**

CR2E034 (9/01)