

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005859

1. Entity Name

~~ADS-OF GEORGIA, INC.~~

MEDADMIN SOLUTIONS, INC.

Principal Place of Business

1000 CIRCLE 75 PARKWAY, SUITE 420
ATLANTA GA 30339

Mailing Address

1000 CIRCLE 75 PARKWAY, SUITE 420
ATLANTA GA 30339

2. Principal Place of Business

1000 Circle 75 Parkway

3. Mailing Address

1000 Circle 75 Parkway

Suite, Apt. #, etc.

Suite 480

Suite, Apt. #, etc.

Suite 480

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30339

Country

Cobb

Zip

30339

Country

Cobb

6. Name and Address of Current Registered Agent

CLARKE, GARY
STERNSTEIN RAINER & CLARKE
314 NORTH CALHOUN STREET
TALLAHASSEE FL 32301-7606

4. FEI Number

58-2001712

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
101 North Gadsden Street

City
Tallahassee

FL

Zip Code
32301

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PD ☒ Delete
NAME WHORTON, J. A
STREET ADDRESS 1000 CIRCLE 75 PARKWAY SUITE 420
CITY-ST-ZIP ATLANTA GA 30339

TITLE V ☒ Delete
NAME STAFFORD, STEPHEN L
STREET ADDRESS 1000 CIRCLE 75 PARKWAY SUITE 420
CITY-ST-ZIP ATLANTA GA 30339

TITLE SD ☐ Delete
NAME NEDD, KENNETH JR
STREET ADDRESS 500 N.W. 165TH STREET, SUITE 100
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE C ☐ Delete
NAME NEDD, KESTER D.O.
STREET ADDRESS 500 N.W. 165TH STREET, SUITE 100
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Kenneth J. Nedd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90008 013 ***158.75

763188



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)