

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32993

1. Entity Name

A.B. MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

2205 HIGHWAY 42 NORTH
MCDONOUGH GA 30253

P.O. BOX 353
MCDONOUGH GA 30253-0353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0156810

Applied For

Not Applied

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GAINOR, MARK J
2205 HIGHWAY 42 NORTH
MCDONOUGH GA 30253 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, Treasurer & Director
Donald R. Millard
1850 Parkway Place
Marietta, GA 30067 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HIGHLAND, J. MICHAEL
2205 HIGHWAY 42 NORTH
MCDONOUGH GA 30253 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Roberta L. McCaw
1850 Parkway Place
Marietta, GA 30067 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOISE, PHILIP H
999 PEACHTREE ST., NE #1400
ATLANTA GA 30309 ☒ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberta L. McCaw REQUIRED Roberta L. McCaw

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90166 045 ***150.00



DO NOT WRITE IN THIS SPACE

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