# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21390** **(2)**

1. Corporation Name
**NATIONAL MEDICAL ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DAVID E MORRELL<br>111 VILLAGE PKWY BLDG #2<br>MARIETTA GA 30067 | C/O DAVID E MORRELL<br>111 VILLAGE PKWY BLDG #2<br>MARIETTA GA 30067 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2818874 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1000 Johnson Ferry Rd. | 26 1000 Johnson Ferry Rd. |
| Suite, Apt. #, etc.<br>22 Suite F-131 | Suite, Apt. #, etc.<br>27 Suite F-131 |
| City & State<br>23 Marietta, GA | City & State<br>28 Marietta, GA |
| Zip / Country<br>24 30068 / 25 USA | Zip / Country<br>29 30068 / 30 USA |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ANTON, GARY ESQUIRE<br>201 S MONROE ST, STE 200<br>TALLAHASSEE FL 32301 | 81 Name: Rasch, Robert W.<br>82 Street Address (P.O. Box Number is Not Acceptable): 111 North Orange Ave., Suite 900<br>83<br>84 City: Orlando, FL 85 Zip Code: 32801 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Rasch — 3/14/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FABER, THOMAS L<br>111 VILLAGE PKWY BLDG 2A<br>MARIETTA GA | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☑ Addition<br>Director<br>Zylstra, Laura E.<br>1658 Barn Swallow Place<br>Marietta, Georgia 30062 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORRELL, DAVID E.<br>4140 THUNDERBIRD DR.<br>MARIETTA GA | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FAZZARI, GERALD R<br>2606 GRIST MILL RD<br>MARIETTA GA | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIBSON, M. RILEY<br>2947 BAYSHORE DR.<br>TALLAHASSEE FL | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** D E Morrell — 1/20/95 — 404-933-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073770