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Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21390** (2)

1. Corporation Name

NATIONAL MEDICAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**1000 JOHNSON FERRY ROAD
SUITE F-131
MARIETTA GA 30068**

**1000 JOHNSON FERRY ROAD
SUITE F-131
MARIETTA GA 30068-2170**

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~**RASCH, ROBERT W
111 NORTH ORANGE AVE.
SUITE 1200
ORLANDO FL 32801**~~

81 Name
Dana Watts

82 Street Address (P.O. Box Number is Not Acceptable)
1620 Main Street, Suite 1

83

84 City
Sarasota

FL 85 Zip Code
34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
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 **D** ☐ DELETE
NAME **MORRELL, DAVID E.**
STREET ADDRESS **4140 THUNDERBIRD DR.**
CITY-ST-ZIP **MARIETTA GA 30067**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FAZZARI, GERALD R**
STREET ADDRESS **2808 GRIST MILL RD**
CITY-ST-ZIP **MARIETTA GA**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Fazzari, Gerald**
2.4 CITY-ST-ZIP **1475 Wyn Cove Drive**

TITLE **D** ☒ DELETE
NAME **GIBSON, M. RILEY**
STREET ADDRESS **2947 BAYSHORE DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Zylstra, Laura**
3.4 CITY-ST-ZIP **1658 Barn Swallow Place**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)