

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N21390

1. Entity Name

NATIONAL MEDICAL ASSOCIATES, INC. *R*

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-19-2000 90017 007 ****61.25

Principal Place of Business

1000 JOHNSON FERRY ROAD
SUITE A-115
MARIETTA GA 30068
US

Mailing Address

1000 JOHNSON FERRY ROAD
SUITE A-115
MARIETTA GA 30068-2110
US

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

59-2818874

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

WATTS, DANA
1620 MAIN STREET
SUITE 1
SARASOTA FL 34236

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS MORRELL, DAVID E.
CITY-ST-ZIP 4140 THUNDERBIRD DR.
MARIETTA GA

TITLE ☒ Delete
NAME D
STREET ADDRESS FAZZARI, GERALD R
CITY-ST-ZIP 1475 WYN COVE DR
VERO BEACH FL

TITLE ☒ Delete
NAME D
STREET ADDRESS ZYLSTRA, LAURA
CITY-ST-ZIP 1658 BARN SWALLOW PLACE
MARIETTA GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME D
STREET ADDRESS Laura Zylstra
CITY-ST-ZIP 2136 River Heights Ct.
Marietta GA 30067

TITLE ☒ Change ☒ Addition
NAME D
STREET ADDRESS Gerald Fazzari
CITY-ST-ZIP 1475 WYN COVE DRIVE
VERO BEACH, FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David E. Morrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 110933-1968

Date

Daytime Phone #

CR2E037 (9/99)