

**2000 UNIFORM BUSINESS REPORT (UBR)**

5.

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

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

**DOCUMENT # N21390**

1. Entity Name

NATIONAL MEDICAL ASSOCIATES, INC. *R*

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

4. FEI Number

59-2818874

Applied For

Not Applicable

Zip

Country

Zip

Country

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 MORRELL, DAVID E.**  
 STREET ADDRESS **4140 THUNDERBIRD DR.**  
 CITY-ST-ZIP **MARIETTA GA**

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

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

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

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

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:

*Dart EAM* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

170933-1968

Daytime Phone #

CR2E037 (9/99)