

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21390

1. Entity Name

NATIONAL MEDICAL ASSOCIATES, INC.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90237 041 \*\*\*\*61.25

Principal Place of Business

1440 PORTMARNOCK DR  
 SUITE A  
 ALPHARETTA GA 30005  
 US

Mailing Address

1440 PORTMARNOCK DR  
 SUITE A  
 ALPHARETTA GA 30005  
 US

2. Principal Place of Business

4080 McGinnis Kelly Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 1207-L

Suite, Apt. #, etc.

City & State

Alpharetta GA

City & State

Zip 30005

Country USA

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

WATTS, DANA  
 1620 MAIN STREET  
 SUITE 1  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
 NAME D ZYLSTRA, LAURA  
 STREET ADDRESS 2188 RIVER HEIGHTS CT  
 CITY-ST-ZIP MARIETTA GA 30067

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 3070 Windward Plaza Ste F- 345  
 CITY-ST-ZIP Alpharetta GA 30005

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 7703609881

Date

Daytime Phone #

CR2E037 (9/01)