

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N21390

FILED
Apr 17, 2003
Secretary of State

Entity Name: NATIONAL MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4080 MCGINNIS FERRY RD SUITE 1207 L
ALPHARETTA, GA 30005 US

New Principal Place of Business:

3070 WINDWARD PLAZA
F-345
ALPHARETTA, GA 30005 US

Current Mailing Address:

1440 PORTMARNOCK DR
SUITE A
ALPHARETTA, GA 30005 US

New Mailing Address:

3070 WINDWARD PLAZA
SUITE F-345
ALPHARETTA, GA 30005 US

FEI Number: 59-2818874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, DANA
1620 MAIN STREET
SUITE 1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRELL, DAVID E.,
Address: 4140 THUNDERBIRD DR.
City-St-Zip: MARIETTA, GA

Title: D () Delete
Name: ZYLSTRA, LAURA
Address: 2186 RIVER HEIGHTS CT
City-St-Zip: MARIETTA, GA 30067

Title: D () Delete
Name: FAZZARI, GERALD
Address: 1475 WYN COVE DR
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRELL, DAVID E.,
Address: 3070 WINDWARD PLAZA, SUITE F-345
City-St-Zip: ALPHARETTA, GA 30005

Title: D (X) Change () Addition
Name: ZYLSTRA, LAURA
Address: 3070 WINDWARD PLAZA, SUITE F-345
City-St-Zip: ALPHARETTA, GA 30005

Title: D (X) Change () Addition
Name: FAZZARI, GERALD
Address: 3070 WINDWARD PLAZA, SUITE F-345
City-St-Zip: ALPHARETTA, GA 30005

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. MORRELL

D

04/17/2003

Electronic Signature of Signing Officer or Director

Date