

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90048 005 ****61.25

DOCUMENT # N99000000691

1. Entity Name

ASHFORD HEALTHCARE SYSTEMS, INC.



Principal Place of Business

**400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA GA 30346**

Mailing Address

**P.O. BOX 1589
QUINCY FL 32353**

2. Principal Place of Business

23186 Blue Star Hwy

3. Mailing Address

P.O. Box 1589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Quincy, Florida

Quincy, Florida

Zip

32352

Country

USA

Zip

32353

Country

USA

6. Name and Address of Current Registered Agent

**BARRETT, DAVID A
111 SOUTH MONROE STREET
SUITE 3000
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PICKREN, JOHN	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, DONALD	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAKE, MICHAEL C	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	WALSH, MICHAEL D	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, STE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRED

01/09/2003

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875-5901