

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90106 006 \*\*\*150.00

DOCUMENT # P00000052259

1. Entity Name  
TOTAL MED NETWORK INC.

Principal Place of Business  
421 W. CHURCH ST., STE. 702  
JACKSONVILLE FL 32202

Mailing Address  
421 W. CHURCH ST., STE. 702  
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4905 Belfort Rd.

Suite, Apt. #, etc.

Suite 110

City & State  
Jacksonville

Zip  
32256

Country  
USA

3. Mailing Address

4905 Belfort Rd

Suite, Apt. #, etc.

Suite 110

City & State  
Jacksonville

Zip  
32256

Country  
USA

4. FEI Number  
39-3652415

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, WILLIAM E  
4405 BELFORT RD #110  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name William E. Shields  
Street Address (P.O. Box Number is Not Acceptable)  
4905 Belfort Rd. # 110  
City Jacksonville FL Zip Code 32256

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/2002  
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, WILLIAM E	
STREET ADDRESS	11684 OLDE MANDARIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, DAVID	
STREET ADDRESS	11684 OLDE MANDARIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CITIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Shields	
STREET ADDRESS	11684 Olde Mandarin Rd.	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Rea	
STREET ADDRESS	37 Monterey	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nathaniel Phillips, III -	
STREET ADDRESS	826 Union St. Ste 200	
CITY-ST-ZIP	New Orleans, LA 70112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. George E. Burgess	
STREET ADDRESS	4200 Essen Lane	
CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE	VP - Business Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Tonkinson	
STREET ADDRESS	3204 Hopi Place	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	VP - Technology Information	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Classen	
STREET ADDRESS	5284 Medoras Ave	
CITY-ST-ZIP	St. Augustine, FL 32080	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2002  
Date

904-861-2156  
Daytime Phone #

CR2E034 (9/01)

Attachment Document # P00000052259  
736395

ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT

**SECTION 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.**

Title	VP – Product Development
Name	Kris Cooper
Street	5284 Medoras Ave.
City, ST. Zip	St. Augustine, FL 32080