

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P25854**

1. Entity Name  
**HEALTHPRIME, INC.**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90013 025 \*\*\*550.00

010805 AT

Principal Place of Business

**950 NORTHPOINT PKWY  
STE 100  
ALPHARETTA GA 30005  
US**

Mailing Address

**950 NORTHPOINT PKWY  
STE 100  
ALPHARETTA GA 30005  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1847823**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete  
NAME **MITTLEIDER, DOUGLAS K.**  
STREET ADDRESS **950 NORTHPOINT PKWY, 100**  
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

TITLE **D** ☐ Delete  
NAME **MITTLEIDER, DOUGLAS K.**  
STREET ADDRESS **950 NORTH POINT PKWY, 100**  
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

TITLE **VSD** ☐ Delete  
NAME **FOXWORTHY, MICHAEL L.**  
STREET ADDRESS **950 NORTHPOINT PKWY, 100**  
CITY-ST-ZIP **ALPHARETTA GA**

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

TITLE **AS** ☐ Delete  
NAME **QUIROS, PAUL A.**  
STREET ADDRESS **191 PEACHTREE ST, 46TH FL**  
CITY-ST-ZIP **ATLANTA GA 30303**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 or without other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-11-1**

Date

Daytime Phone #

CR2E034 (5/01)