

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34687

1. Entity Name

CREATIVE HEALTHCARE CONCEPTS OF GEORGIA, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90051 043 ***150.00

Principal Place of Business

Mailing Address

3715 NORTHSIDE PARKWAY, NW
300 NORTHCREEK - SUITE 105
ATLANTA GA 30327

3715 NORTHSIDE PARKWAY, NW
300 NORTHCREEK - SUITE 105
ATLANTA GA 30327-2806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1945432

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINER, JEANNE
3627 UNIVERSITY BLVD S
STE 430
JACKSONVILLE FL 32216

Name Theresa M. Kenney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Ford Jeter Bowlus & Duss

10110 San Jose Blvd

City Jacksonville

FL

Zip Code 32257

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 date, 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME MCCLAIN, WILLIAM A., III
STREET ADDRESS 3715 NORTHSIDE PARKWAY
CITY-ST-ZIP ATLANTA GA

TITLE Vice President ☐ Change ☒ Addition
NAME William A. McClain IV
STREET ADDRESS 3715 Northside Pkwy, Ste 105, Bdg 300
CITY-ST-ZIP Atlanta, GA 30327

TITLE PT ☐ Delete
NAME MCCLAIN, WILLIAM A., III
STREET ADDRESS 3715 NORTHSIDE PARKWAY
CITY-ST-ZIP ATLANTA GA

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

TITLE S ☐ Delete
NAME HOCKENBERRY, MARCIA
STREET ADDRESS 3715 NORTHSIDE PARKWAY
CITY-ST-ZIP ATLANTA GA

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
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)