## .2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P34687** 1. Entity Name CREATIVE HEALTHCARE CONCEPTS OF GEORGIA, INC. Principal Place of Business Mailing Address 3715 NORTHSIDE PARKWAY NW 3715 NORTHSIDE PARKWAY NW

## FILED Apr 02, 2001 8:00 am Secretary of State 04-02-2001 90272 004 \*\*\*150.00

| TITLE NAME MCCLAIN, WILLIAM A., III STREET ADDRESS CITY-ST-2IP ATLANTA GA  TITLE V Delete MCCLAIN, WILLIAM A IV STREET ADDRESS CITY-ST-2IP ATLANTA GA SU327  TITLE S MAKE STREET ADDRESS CITY-ST-2IP ATLANTA GA SU327  TITLE NAME STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP STREET ADDRESS CIT  | 300 NORTHCRI<br>ATLANTA GA | eek - Suite                           |   | 300 NORTHCREEK - SUITE 105<br>ATLANTA GA 30327 |              |   |                     |  | I INIIF BABAR DIAR) IF | 818             |                  | NI BIBIK IBBI |
|---|----------------------------|---------------------------------------|---|--|--------------|---|---------------------|--|------------------------|-----------------|------------------|---------------|
| City & State  Country  Country  Country  Country  S. Certificate of Status Desired   S8.75 Additional Fox Programs Fox Programs Fox Programs Fox Programs Fox Programs Fox Programs Fox Duffer BOWILUS & DUSS 10110 SAN JOSE BLVD JACKSONVILLE FL 32257  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fe | 2. Principal F             | Place of Busir                        | ness                                    | 3. Mailing Address                             |              |   |                     |  |                        |                 |                  |               |
| Zip Country Zip Country Sip Country Sip Country Sip Country S. Certificate of Status Desired Signal Registered Agent 7. Name and Address of New Registered Agent 8. Name Street Address of New Registered Agent 8. Name Street Address of New Registered Agent 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 Signal Registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signal Registered agent of State of Florida  | Suite, Apt. #, etc.        |                                       |   | Suite, Apt. #, etc.                            |              |   |                     |  | DO NOT WE              | ITE IN THIS     | SPACE            |               |
| ENNEY, THERESA M FORD JETER BOWILUS & DUSS 10110 SAN JOSE BLVD JACKSONVILLE FL 32257  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Symbol Sy  | City & Stat                | e                                     |   | City & State                                   |              |   | 4. i                | 1 30°1843432                                     |                        |                 |                  |               |
| Name and Address of New Registered Agent   Name  | Zip                        | Country Zip                           |   |  | Country      |   | 5. (                | 5 Certificate of Status Desired 38.75 Additional |                        |                 |                  |               |
| KENNEY, THERESA M FORD JETER BOWLUS & DUSS 19110 SAN JOSE BLVD JACKSONVILLE FL 32257  6. 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  9. This corporation is aligible to eately its Intangible Tax king requirement and elects to do so    After MAY 1, 2001 Fee will be \$550,00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TINT MAKE  MCCLAIN, WILLIAM A, III SINER ADDIESS  17. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TINT MCCLAIN, WILLIAM A, III SINER ADDIESS  17. NORTH-SIDE PARKWAY  TOT'S-7-2P  TINE  WCCLAIN, WILLIAM A, IV SINER ADDIESS  17. NORTH-SIDE PARKWAY  TOT'S-7-2P  TINE  MOCLAIN, WILLIAM A, IV SINER ADDIESS  TINE ADDIESS  TINE ADDIESS  TINER ADDI   |                            | 6. Name                               | and Address of Current Re               | aistered Agent                                 | L            | 1   | 7. 1                | Name and Ad                                      | idress of New          | Registered /    |                  |               |
| FORD JETER BOWLUS & DUSS 10110 SAN JOSE BLYD JACKSONVILLE FL 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  Signar, typed or primal note of registered agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable.  Port Registered Agent submits and received agent and line if applicable and line in applicable and lin  | •••                        | · · · · · · · · · · · · · · · · · · · |   | <u> </u>                                       |              | Name  |                     |  |                        |                 |                  |               |
| FORD JETER BOWLUS & DUSS 10110 SAN JOSE BLYD JACKSONVILLE FL 32257  City FL Zp 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  Signar, typed or primal wine of registered agent and life if applicative.  P. This concoration is digible to eatlefy its Intangular Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MCCLAIN, WILLIAM A, III  SHEET ADDRESS  OITY-ST-2P  ATLANTA GA  TITLE  SISTER ADDRESS  OITY-ST-2P  ATLANTA GA  TITLE  SISTER ADDRESS  OITY-ST-2P  ATLANTA GA  TITLE  SISTER ADDRESS  OITY-ST-2P  TITLE  SISTER ADDRESS  OITY-ST-   | KENNEY, THERESA M          |                                       |   |  |              | 0 - 14 (1 - 20 0 R - 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 |                     |  |                        |                 |                  |               |
| ACKSONVILLE FL 32257  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so. Make Chack Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MOVELLAM A, III SIREE ADDRESS ON STIFL ADDRESS ON STIFL ADDRESS ON STIFL ADDRESS ON ATLANTA GA  TITLE WOLLAM A IV Delete MANE  MACLAIN, WILLIAM A IV SIREE ADDRESS ON STIFL ADDRESS ON ATLANTA GA 30327  TITLE S DEVELOPMENT OF STORY ATLANTA GA 30327  TITLE S DEVELOPMENT OF STORY ATLANTA GA 30327  TITLE S DEVELOPMENT OF STORY ATLANTA GA 30327  TITLE WOLLAM A IV Delete TITLE MANE  MANE  MACLAIN, WILLIAM A IV SIREE ADDRESS ON SIREE ADDRES  |                            |                                       |   |  |              | Street Address (P.O. Box Number is that Acceptable) |                     |  |                        |                 |                  |               |
| R. 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, speed or primed name of registered agent and their perplicative   | 1011                       | IO SAN JOS                            | se blvd                                 |  |              |   |                     |  |                        |                 |                  |               |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STATE ADDRESS OF ATLANTA GA  11. OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS  16. Election Campaign Financing Added to Fees A  |                            |                                       |   |  |              | 00  |                     |  |                        |                 | 7:a Cad          |               |
| SIGNATURE    Synature, synation prefered name of registered agent and title if applicable.   NOTE Registered Agent at pressure required when remotatorally   DATE   |                            |                                       |   |  |              | City  |                     |  |                        | FL              | .   Zip Code     | e             |
| 9. This corportation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE NAME  ATLANTA GA  17. ORTHSIDE PARKWAY  TITLE  WCCLAIN, WILLIAM A, III  37.15 NORTHSIDE PARKWAY  TITLE  WCCLAIN, WILLIAM A IV  37.15 NORTHSIDE PARKWAY  ATLANTA GA  37.15 NORTHSIDE PARKWAY  ATLANTA GA  TITLE  WCCKNBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  HOCKENBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  HOCKENBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  WAME  SIRRET ADDRESS  CITY-ST-2P  TITLE  WAME  SIRRET ADDRESS  | 8. The above               | named entit                           | y submits this statement for th         | ne purpose of changing its                     | register     | ed office or  | registered ag       | ent, or both,                                    | in the State of F      | lorida.         |                  |               |
| 9. This corportation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE NAME  ATLANTA GA  17. ORTHSIDE PARKWAY  TITLE  WCCLAIN, WILLIAM A, III  37.15 NORTHSIDE PARKWAY  TITLE  WCCLAIN, WILLIAM A IV  37.15 NORTHSIDE PARKWAY  ATLANTA GA  37.15 NORTHSIDE PARKWAY  ATLANTA GA  TITLE  WCCKNBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  HOCKENBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  HOCKENBERRY, MARCIA  37.15 NORTHSIDE PARKWAY  TITLE  WAME  WAME  SIRRET ADDRESS  CITY-ST-2P  TITLE  WAME  SIRRET ADDRESS  | SIGNATURE .                |                                       |   | ***  |              |   |                     |  |                        |                 |                  |               |
| Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2001 Fee will be \$550,00   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees   Addition   Trust Fund Contribution.   Added to Fees   Trust Fund Contribution.   Addition   Trust Fund Contribution.   T   |                            | Signature, typed                      | or printed name of registered agent and | title if applicable. (NOTE                     | E: Registere | d Agent signatu                                     | re required when re | einstating)                                      |                        | DATE            |                  |               |
| Rate may 1, 2001   Fee Will be \$350.00     Make Check Payable to Department of State   | 9. This corpo              | oration is elig                       | ible to satisfy its Intangible          | FILE NOW!                                      | !!! FEE      | IS \$150.0  | 00                  | 10 Floatie                                       | on Compaign E          | inanaina        | <b>6</b> E 0     |               |
| Make Check Payable to Department of State   | _                          | •                                     | _                                       |  |              |   |                     |  |                        |                 |                  |               |
| TITLE NAME NAME NORTHSIDE PARKWAY ATLANTA GA  TITLE WCLAIN, WILLIAM A., III STREET ADDRESS CITY-ST-ZIP  TITLE WCCLAIN, WILLIAM A IV STREET ADDRESS CITY-ST-ZIP  TITLE WCCLAIN, WILLIAM A IV STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZI  | (See criter                | ria on back)                          |   | Make Check Payat                               | ole to D     | epartment   |                     |  |                        |                 |                  |               |
| NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME NAME NAME NAME NAME NAME   | 11.                        |                                       |   |  |              |   | AD                  | DITIONS/CH                                       | IANGES TO OF           | FICERS AND      | DIRECTORS        | S IN 11       |
| STREET ADDRESS CITY-ST-ZIP TITLE V MCCLAIN, WILLIAM A IV STREET ADDRESS CITY-ST-ZIP TITLE S ATLANTA GA 30327 TITLE HOCKENBERRY, MARCIA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR  | TITLE                      | I                                     |   | ☐ Delete                                       |              |   |                     |  |                        |                 | Change           | ☐ Addition [  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S  |                            |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE S Delete HOCKENBERRY, MARCIA STREET ADDRESS CITY-ST-ZIP TITLE NAME HOCKENBERRY, MARCIA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S  |                            |                                       | . CA                                    | □ Delete                                       | -            |   | <del> </del>        |  |                        |                 | Chance           | ☐ Addition    |
| STREET ADDRESS CITY-ST-ZIP TITLE S Delete HOCKENBERRY, MARCIA 3715 NORTHSIDE PKWY STE 105 BDG 300 ATLANTA GA 30327  TITLE S DELET ADDRESS CITY-ST-ZIP TITLE NAME HOCKENBERRY, MARCIA 3715 NORTHSIDE PARKWAY ATLANTA GA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N  |                            | Delete                                |   |  |              |   |                     |  |                        |                 |                  |               |
| CITY-ST-ZIP  ATLANTA GA 30327  CITY-ST-ZIP  NAME  HOCKENBERRY, MARCIA 37 15 NORTHSIDE PARKWAY ATLANTA GA  TITLE NAME  TITLE NAME  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TI  |                            |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
| TITLE NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME ST  | CITY-ST-ZIP                |                                       |   |  | CITY         | -ST-ZIP   |                     |  |                        |                 |                  | }             |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE                      |                                       |   | ☐ Delete                                       | TITLE        |   |                     |  | • •                    |                 | Change           | ☐ Addition    |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |                            | HOCKEN                                | BERRY, MARCIA                           |  | NAM          | E   |                     |  |                        |                 |                  |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS             |                                       |   |  | STRE         | ET ADDRESS  |                     |  |                        |                 |                  |               |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET   | CITY-ST-ZIP                | ATLANTA                               | GA                                      |  | CITY         | -ST-ZIP   |                     |  |                        |                 |                  |               |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT  | TITLE                      |                                       |   | ☐ Delete                                       | TITLE        |   |                     |  |                        |                 | Change           | ☐ Addition    |
| CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NÀME                       |                                       |   |  | NAM          | E   |                     |  |                        |                 |                  |               |
| TITLE 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   | STREET ADDRESS             |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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  | CITY-ST-ZIP                |                                       |   |  | CITY         | -ST-ZIP   |                     |  |                        |                 |                  |               |
| STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE                      |                                       |   | ☐ Delete                                       |              |   |                     |  |                        |                 | Change           | ☐ Addition    |
| CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |                            |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
| TITLE  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   |                            |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
| NAME STREET ADDRESS CITY-ST-ZIP  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  |                            |                                       |   |  | -            |   |                     |  |                        |                 |                  |               |
| STREET ADDRESS CITY-ST-ZIP  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   |                            |                                       |   | ☐ Delete                                       |              |   |                     |  |                        |                 | ∟ Unange         | □ Addition    |
| CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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   |                            |                                       |   |  |              |   |                     |  |                        |                 |                  |               |
| 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   | CITY-ST-ZIP                |                                       |   |  |              | ]   |                     |  |                        |                 |                  | 1             |
|   |                            | ertify that the                       | e information supplied with thi         | s filing does not qualify for                  | <b>_</b>     |   | ed in Section       | 119.07(3)(i) F                                   | Florida Statutes       | . I further cer | tify that the in | nformation    |

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 actives, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR