

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38505

1. Entity Name

CORNERSTONE HEALTH MANAGEMENT COMPANY

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90535 001 ***900.00

Principal Place of Business

5090 SPECTRUM DR
STE 920W
DALLAS TX 75348
US

Mailing Address

ONE RAVINIA DR
STE 1500
ATLANTA GA 30346-2115

2. Principal Place of Business

One Ravinia Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1500

City & State
Atlanta, GA

City & State

Zip
30346

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2339430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$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

TITLE P
NAME PODDATOORI, ARUNA
STREET ADDRESS 5120 GOLDLEAF CIR
CITY-ST-ZIP LOS ANGELES CA ☒ Delete

TITLE VPT
NAME GENTRY, BOYD P
STREET ADDRESS ONE RAVINIA DR., STE 1500
CITY-ST-ZIP ATLANTA GA 30346 ☐ Delete

TITLE VPS
NAME MIELE, STEFANO
STREET ADDRESS ONE RAVINIA DR., STE 1500
CITY-ST-ZIP ATLANTA GA 30346 ☐ Delete

TITLE D
NAME CARDEN, CHARLES B
STREET ADDRESS ONE RAVINIA DR, STE. 1500
CITY-ST-ZIP ATLANTA GA 30346 ☒ Delete

TITLE D
NAME THOMAS, WHITTLE S
STREET ADDRESS ONE RAVINIA DR, STE. 1500
CITY-ST-ZIP ATLANTA GA 30346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME George D. Morgan
STREET ADDRESS One Ravinia Dr, #1500
CITY-ST-ZIP Atlanta, GA 30346 ☐ Change ☒ Addition

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

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

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

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

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

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)