PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078586 1. Corporation Name

NEO-MED, INC.

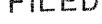
Principal Place of Business

1200 S PINE ISLAND RD

Mailing Address

3000 GALLERIA TOWER., STE 1000

FILED



99 JAN 25 PM 3:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SUITE 600 **BIRMINGHAM AL 35244** DO NOT WRITE IN THIS SPACE PLANTATION FL 33324 3. Date Incorporated or Qualifed 11/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 1200 S. PINB ISLAND ROAD 65-0456767 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 SUITE City & State & State 6. Election Campaign Financing \$5.00 May Be PLANTATION, Trust Fund Contribution Added to Fees 23 Country Country This corporation owes the current year Intangible 24 33324 30 Personal Property Tax. ☐ Yes ⊠No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILE 1.1 TITLE Change | ☐ Addition NAME CRAWFORD, MAC E 1.2 NAME STREET ADDRESS 3000 GALLERIA TOWER., STE 1000 1.3 STREET ADDRESS **BIRMINGHAM AL 35244** CITY-ST-ZIF 1.4 CITY-ST-ZIP **⊠** DELETE ☐ Change PX Addition TITLE VID 2.1 TITLE KNIGHT, HAROLD O JR JAHES H. DICKERSON, JR. NAME 22 NAME 3000 GALLERIA TOWER, STE. 1000 STREET ADDRESS 3000 GALLERIA TOWER., STE 1000 2.3 STREET ADDRESS BIRHINGHAM, AL 35244 **BIRMINGHAM AL 35244** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ヘエク VSD NAME THRASHER, TRACY P 3.2 NAME SARA J. FINLEY TOWER, STE. 1000 3000 GALLERIA TOWER., STE 1000 GALLERIA STREET ADDRESS 3.3 STREET ADDRESS 3000 BIRMINGHAM AL 35244 35244 CITY-ST-ZIP 3.4. City-ST-ZIP DELETE Change ☐ Addition 4.1 YITLE TITLE MASSINGALE, LYNN H MD 4. 2 NAME NAME 1900 WINSTON ROAD., STE 300 STREET ADORESS 4.3 STREET ADDRESS KNOXVILLE TN 37919 4.4 City-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TIRE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIF DELETE 6.1 TITLE Change ☐ Addition TILE 6.2 NAME NAME 900002753939 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

QUITATES H. DICKERSON, JR. 1/21/89 (205) 733-8996

CR2E034 (11/98





ACCOUNT NO. : 072100000032

REFERENCE: 110478 . 439033

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: January 25, 1999

ORDER TIME : 1:44 PM

ORDER NO. : 110478-085

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson

Medpartners, Inc. 3000 Galleria Tower

Suite 1000

Birmingham, AL 35244

## ANNUAL REPORT FILING

NAME: NEO-MED, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

