

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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  
SUITE 600  
PLANTATION FL 33324

Mailing Address  
3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/15/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0456767	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MAC E	1.2 NAME	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, HAROLD O JR	2.2 NAME	YTD
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	2.3 STREET ADDRESS	JAMES H. DICKERSON, JR.
CITY-ST-ZIP	BIRMINGHAM AL 35244	2.4 CITY-ST-ZIP	3000 GALLERIA TOWER, STE. 1000
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRASHER, TRACY P	3.2 NAME	VSD
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	3.3 STREET ADDRESS	SARA J. FINLEY
CITY-ST-ZIP	BIRMINGHAM AL 35244	3.4 CITY-ST-ZIP	3000 GALLERIA TOWER, STE. 1000
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGALE, LYNN H MD	4.2 NAME	
STREET ADDRESS	1900 WINSTON ROAD, STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES H. DICKERSON, JR. 1/21/99 (205) 733-8996

0522291

CR2E034 (11/98)



2

ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : Patricia Pzyut

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:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA