

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90047 036 ***150.00

DOCUMENT # P94000001975

1. Corporation Name
PROPSYCH, INC.



Principal Place of Business

701 ENTERPRISE RD E.
#910
SAFETY HARBOR FL 34695
US

Mailing Address

ATTN: MICHELLE ANCOSKY
P.O. BOX 209
MACON GA 31202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

59-3220162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 6950 COLUMBIA GATEWAY DR

Suite, Apt. #, etc.

27 SUITE 400

City & State

28 COLUMBIA MD

Zip Country

29 21046

30 USA

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

TITLE DVT ☐ DELETE
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE ROAD, N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE EVP ☒ DELETE
NAME SURLES, RICHARD C
STREET ADDRESS ONE MAYNARD DRIVE
CITY-ST-ZIP PARK RIDGE NJ 07656

TITLE DAS ☐ DELETE
NAME BEDENBAUGH, JAMES R.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☒ DELETE
NAME FUZZELL, CHERIE
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE P ☒ DELETE
NAME KIRK, ROBIN F
STREET ADDRESS SUITE 212, 209 10TH AVENUE SOUTH
CITY-ST-ZIP NASHVILLE TN 37203

TITLE CEO ☒ DELETE
NAME STONE, DAVID B
STREET ADDRESS ONE MAYNARD DRIVE
CITY-ST-ZIP PARK RIDGE NJ 37656

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SR.V ☐ Change ☒ Addition
1.2 NAME KOSTIN, JOEL
1.3 STREET ADDRESS 3000 AERIAL CENTER PKWY, STE 120
1.4 CITY-ST-ZIP MORRISVILLE, NC 27560

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME ANCOSKY, MICHELLE H
2.3 STREET ADDRESS 3414 PEACHTREE ROAD, N.E., SUITE 1400
2.4 CITY-ST-ZIP ATLANTA GA 30326

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME LAZAROFF, DENNIS J
5.3 STREET ADDRESS 13736 RIVERPORT DRIVE, SUITE 400
5.4 CITY-ST-ZIP MARYLAND HEIGHTS MO 63403

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME LANG, MARIAN
6.3 STREET ADDRESS 3414 PEACHTREE ROAD, N.E., SUITE 1400
6.4 CITY-ST-ZIP ATLANTA GA 30326

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:

Michelle H. Ancosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle H. Ancosky

4/7/99

(404) 891-9200

Daytime Phone #

CR2E034 (1/198)