

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90369 032 ***158.75

DOCUMENT # P94000071607

1. Entity Name

AMERICAN MEDICAL ASSOCIATES, INC.

Principal Place of Business

10000 JOHNSON FERRY ROAD
 SUITE A115
 MARIETTA GA 30068
 US

Mailing Address

10000 JOHNSON FERRY ROAD
 SUITE A115
 MARIETTA GA 30068
 US

2. Principal Place of Business

1440 Portmarnock Dr.

3. Mailing Address

3070 Windward Plaza

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite F-345

City & State

Alpharetta GA

City & State

Alpharetta GA

Zip

30005

Country

USA

Zip

30005

Country

USA

4. FEI Number **58-2129318**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS, DANA J
 1620 MAIN STREET, SUITE 1
 SARASOTA FL 34236

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MORRELL, DAVID E	
STREET ADDRESS	440 THUNDERBIRD	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAZZARI, GERALD	
STREET ADDRESS	1475 WYN COVE DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZYLSTRA, LAURA	
STREET ADDRESS	1000 JOHNSON FERRY RD STE A-115	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

David E. Morrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

770 360-9881

CR2E034 (10/00)