

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90237 042 ***158.75

CR2E034 (9/01)

DOCUMENT # P94000071607

1. Entity Name

AMERICAN MEDICAL ASSOCIATES, INC.

Principal Place of Business

**1440 PORT MARNOCK DR
 SUITE A
 ALPHARETTA GA 30005
 US**

Mailing Address

**3070 WINDWARD PLAZA
 SUITE F-345
 ALPHARETTA GA 30005
 US**

2. Principal Place of Business

4080 McGinnis Ferry Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1207-L

City & State

Alpharetta GA

Zip

USA

Zip

Country

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 34238**

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, 2002 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** ☐ Delete
 NAME **MORRELL, DAVID E.**
 STREET ADDRESS **440 THUNDERBIRD**
 CITY-ST-ZIP **MARIETTA GA**

TITLE **S** ☐ Delete
 NAME **ZYLSTRA, LAURA**
 STREET ADDRESS **1000 JOHNSON FERRY RD STE A-115**
 CITY-ST-ZIP **MARIETTA GA 30068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3070 Windward Plaza Ste F-345**
 CITY-ST-ZIP **Alpharetta GA 30005**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3070 Windward Plaza Ste F-345**
 CITY-ST-ZIP **Alpharetta GA 30005**

TITLE ☐ Change ☒ Addition
 NAME **CFO Hank Sherrill**
 STREET ADDRESS **1091 Kelton Ave**
 CITY-ST-ZIP **Deer FL 34761**

TITLE ☐ Change ☒ Addition
 NAME **VP Donald Pandozzi**
 STREET ADDRESS **1091 Kelton Ave**
 CITY-ST-ZIP **Deer FL 34761**

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

TITLE ☐ Change ☐ 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: **Laura P. Zylstra** **Laura Zylstra**

4-22-02

770-360-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #