

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000094185

FILED  
Apr 11, 2003  
Secretary of State

Entity Name: GENESIS RESEARCH GROUP, INC.

## Current Principal Place of Business:

450 CENTRAL PKWY WEST  
SUITE 1200  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

450 CENTRAL PKWY WEST  
SUITE 1200  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

280 WEWKIVA SPRINGS ROAD  
SUITE 107  
LONGWOOD, FL 32779

## New Mailing Address:

280 WEKIVA SPRINGS ROAD  
SUITE 107  
LONGWOOD, FL 32779

FEI Number: 59-3348253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, RUSSELL M M.D.  
450 CENTRAL PKWY WEST  
SUITE 1200  
ALTAMONTE SPRINGS, FL 32714

## Name and Address of New Registered Agent:

PORTEN, JUDITH A  
280 WEKIVA SPRINGS ROAD  
SUITE 107  
LONGWOOD, FL 32779

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: JUDITH PORTEN

04/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAHAM, RUSSELL M  
Address: 450 CENTRAL PKWY W STE 1200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: TAMAYO, RAUL M  
Address: 450 CENTRAL PKWY W STE 1200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete  
Name: PORTEN, JUDITH A  
Address: 450 CENTRAL PKWY W STE 1200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TAMAYO, RAUL E MD  
Address: 280 WEKIVA SPRINGS ROAD, SUITE107  
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition  
Name: PORTEN, JUDITH A  
Address: 280 WEKIVA SPRINGS ROAD, SUITE107  
City-St-Zip: LOGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH PORTEN

D

04/11/2003

Electronic Signature of Signing Officer or Director

Date