

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 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 035 ***150.00

DOCUMENT # P97000049376

1. Corporation Name
MBCS OF FLORIDA, INC.



Principal Place of Business

1360 N UNIV DR
STE 1360
PLANTATION FL 33322
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

06/04/1997

4. FEI Number

65-0758887

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

28 City & State

COLUMBIA MD

29 Zip

21046

Country

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 P ☒ DELETE

NAME SURLES, RICHARD C
STREET ADDRESS ONE MAYNARD DR
CITY-ST-ZIP PARK RIDGE NJ 07656

TITLE DVTT ☐ DELETE

NAME SANFORD, CHARLOTTE A
STREET ADDRESS 3414 PEACHTREE RD, STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE S ☐ DELETE

NAME CUMMINGS, ANDREW M
STREET ADDRESS ONE MAYNARD DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE DAS ☐ DELETE

NAME BEDENBAUGH, JAMES R
STREET ADDRESS 3414 PEACHTREE RD
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☒ DELETE

NAME FUZZELL CHERIE
STREET ADDRESS 3414 PEACHTREE RD, STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE V ☐ DELETE

NAME LAZAROFF, DENNIS J
STREET ADDRESS 13736 RIVERPORT DR, STE 400
CITY-ST-ZIP MARYLAND HEIGHTS MO 63043

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition

1.2 NAME ANCOSKY, MICHELLE H
1.3 STREET ADDRESS 3414 PEACHTREE ROAD, N.E., SUITE 1400
1.4 CITY-ST-ZIP ATLANTA GA 30326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME CUMMINGS, ANDREW M
3.3 STREET ADDRESS 666 THIRD AVENUE - 5TH FLOOR
3.4 CITY-ST-ZIP NEW YORK NY 10017

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME LANG, MARIAN
5.3 STREET ADDRESS 3414 PEACHTREE ROAD, NE, SUITE 1400
5.4 CITY-ST-ZIP ATLANTA, GA 30326

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

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

Michelle H. Ancosky

4/7/99

Date

(404)841-9200

Daytime Phone #

CR2E034 (11/98)

545017-90034-35
P97000049376

MBCS OF FLORIDA, INC.

ADDITIONAL OFFICERS

NAME	TITLE	ADDRESS
Dennis P. Moody	Vice President	13736 Riverport Drive, Suite 400 Maryland Heights, MO 63043
Joel Kostin	Senior Vice President Southeast Region	3000 Aerial Center Parkway, Suite 120 Morrisville, NC 27560