

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90370 045 ***150.00

DOCUMENT # P98000035734

1. Entity Name
AMERICAN MEDICAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business
1000 JOHNSON FERRY RD. SUITE A-115
MARIETTA GA 30068

Mailing Address
1000 JOHNSON FERRY RD. SUITE A-115
MARIETTA GA 30068

2. Principal Place of Business
1490 Portmanock Dr.
 Suite, Apt. #, etc.
Suite A
 City & State
Alpharetta GA
 Zip
30005 Country
USA

3. Mailing Address
3070 Windward Plaza
 Suite, Apt. #, etc.
Suite F-345
 City & State
Alpharetta GA
 Zip
30005 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2382132** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CLARK, ALFRED W
117 S GADSDEN
SUITE 201
TALLAHASSEE FL 32301

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRELL, DAVID		NAME		
STREET ADDRESS	1000 JOHNSON FERRY RD STE A 115		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Morrell** **4-20-01** **110-360-9881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)