

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000035734

FILED
Apr 17, 2003
Secretary of State

Entity Name: AMERICAN MEDICAL ASSOCIATES OF FLORIDA, INC.

Current Principal Place of Business:

4080 MCGINNIS FERRY RD
SUITE 1207-L
ALPHARETTA, GA 30005

New Principal Place of Business:

3070 WINDWARD PLAZA
SUITE F-345
ALPHARETTA, GA 30005

Current Mailing Address:

3070 WINWARD PLAZQ
SUITE F-345
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2382132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ALFRED W
117 S GADSDEN
SUITE 201
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MORRELL, DAVID
Address: 3070 WINDWARD PLAZA STE F 345
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID E. MORRELL

D

04/17/2003

Electronic Signature of Signing Officer or Director

Date