

# 2000 UNIFORM BUSINESS REPORT (UBR)

004234

DOCUMENT # P99000059287

1. Entity Name

E-DR. NETWORK, INC.

FILED

00 APR 21 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3107 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082

1555 The Greens Way  
Jacksonville Bch, FL 32250

Mailing Address

3107 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32250-2449

1555 The Greens Way  
Jacksonville Bch, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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, 2000 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 ~~President~~ CEO ☐ Delete  
NAME Jerome A. Hayes  
STREET ADDRESS 8053 Whisper Lake Ln W  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

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

TITLE President ☐ Delete  
NAME Matthew Paumen  
STREET ADDRESS 488 Big Tree Rd  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

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

TITLE CFO ☐ Delete  
NAME Thomas E. Timbie  
STREET ADDRESS 4340 Blue Heron Dr  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

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

TITLE CTO ☐ Delete  
NAME Steve Fuller  
STREET ADDRESS 1635 Leeward Lane  
CITY-ST-ZIP Neptune Bch, FL 32266

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

TITLE Director ☐ Delete  
NAME Allen Moraley  
STREET ADDRESS 9 North Parkway Sg Atlanta, Ga  
CITY-ST-ZIP 4200 Northside Pkwy, N.W. 30327-3054

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

TITLE Director ☐ Delete  
NAME Glen Bradley  
STREET ADDRESS 11460 Johns Creek Pkwy  
CITY-ST-ZIP Duluth, Ga 30097

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

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Timbie 4-17-00 904-543-2403

Date

Daytime Phone #

CR2E034 (9/99)