FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # **P99000059287** E-DR. NETWORK, INC. 01-29-2001 90174 010 ***150.00 Principal Place of Business Mailing Address 1555 THE GREENS WAY 1555 THE GREENS WAY JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address 13901 Sutton Park Dr. South 13901 Sutton Park Dr. Sout Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3585655 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000 MIAMI FL 33131** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CEO** TITLE Delete TITLE LEO ☐ Addition NAME HAYES, JEROME A NAME Schoenherr, Scott STREET ADDRESS 8053 WHISPER LAKE LANE W. STREET ADDRESS 13022 Huntley Maner CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Delete TITLE TITLE NAME PAUMEN, MATTHEW NAME 169 Coastal Oak Circle STREET ADDRESS 488 BIG TREE RD. STREET ADDRESS Ponte Vedra Beuch FL 32082 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITI F CF0 TITLE CFO Addition Mann Scan NAME TIMBIE, THOMAS E NAME 33 Solano Rd STREET ADDRESS 4840 BLUE HERON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra Bea 32082 PONTE VEDRA BEACH FL 32082 TITLE CTO ☐ Delete ☐ Change ☐ Addition **FULLER, STEVE** NAME NAME STREET ADDRESS STREET ADDRESS 1635 LEEWARD LANE CITY-ST-7IP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** ☐ Delete TITLE ☐ Change ☐ Addition MOSALEY, ALLEN NAME STREET ADDRESS 9 N. PARKWAY SQ., 4200 NORTHSIDE PKWY. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30327-3054 TITLE ☐ Delete TITLE Change ☐ Addition NAME BRADLEY, GLEN NAME STREET ADDRESS STREET ADDRESS 11460 JOHNS CREEK PARKWAY CITY-ST-ZIP CITY-ST-ZIP **DULUTH GA 30097** 13. If 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.

TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR