FILED

Feb 07, 2002 8:00 am Secretary of State

02-07-2002 90182 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000059287

DOCUMENT # 1. Entity Name

E-DR. NETWORK, INC.

Principal Place of Business : (2)

13901 SUTTON PARK DR. SOUTH

SUITE 300

Mailing Address

13901 SUTTON PARK DR. SOUTH

SUITE 300

JACKSONVILLE FL 32224			JACKSONVILLE FL 32224							
2. Principal Place of Business			3. Mailing Address					OUNT (DINE IN	#	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	FEI Number 59-3585655		Applied For Not Applicable	
Zip		Country	Zip	Country	у	5. (Certificate of Status Desired	\$8.75 A	Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
	•	1		7	Name					
INTRASTATE REGISTERED AGENT CORPORATION					Street Address (P.O. Box Number is Not Acceptable)					
701 BRICH		ĺ	offeet Address (P.O. Box Normber is Not Acceptable)							
SUITE 300	00	:								
MIAMI FL	33131	•			City			Zip Co		
				City		Fl	- Zip Ci	Jue		
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										
	Signature, typed	or printed name of registered agent ai	nd title if applicable. (NOTE:	: Registered A	Agent signatu	re required when re	einstating) DATE			
		ble to satisfy its Intangible	FILE NOW!!	! FEE IS	\$ \$150.0	00	10. Election Campaign Financing		Collette St	
Tax filing requirement and elects to do so. After May 1, 2002					Fee will be \$550.00		Trust Fund Contribution.	_ ,	.00 May Be	
(See criteria on back) Make Check Payable					artment	of State	era manifer of the transfer of the party	At remit his full	el encoesações que	
11: द करके राज्या जनसङ्ख्य						ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			PRS IN 11	
TITLE" GREETS!	CEO		Delete Delete	TITLE				☐ Change	e 🔲 Addition	
NAME ** STREET ADDRESS		ERR, SCOTT NTLEY MANOR		NAME	1000000					
CITY-ST-ZIP		VILLE FL 32224		CITY-S	ADDRESS T-ZIP					
TITLE 1775	VP.	13 14 1 13 14 1	☐ Delete	TITLE		CEO		▼ Change	e 🔲 Addition	
NAME	FOUTS, LO)U		NAME		_			_	
STREET ADDRESS	169 COASTAL OAK CIRCLE		STREET ADDRESS							
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			CITY-S	T-ZIP					
TITLE	CF0	•	Delete	TITLE	İ			☐ Change	e 🔲 Addition	
NAME	MANN, SE			NAME						
STREET ADDRESS	33 SOLAN				ADDRESS		_			
CITY-ST-ZIP	†	DRA BEACH FL 32082		CITY-S	1-ZIP					
TITLE	СТО		Delete	TITLE				Change	e 🔲 Addition	
NAME STREET ADDRESS	FULLER, S			NAME	ADDRESS					
CITY-ST-ZIP	1635 LEEWARD LANE NEPTUNE BEACH FL 32266			CITY-S	ADDRESS T 7ID					
		DEAGN PL 32200								
TITLE NAME	D MOSALEV	ALLEN	☐ Delete	TITLE NAME				Change	Addition	
NAME MOSALEY, ALLEN STREET ADDRESS 9 N. PARKWAY SQ., 4200 NORTHSIDE PKWY. NW					ADDRESS					
CITY-ST-ZIP ATLANTA GA 30327-3054				CITY-S1						
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	BRADLEY,	GLEN		NAME				onungo		
		INS CREEK PARKWAY			ADDRESS					
CITY-ST-ZIP	DULUTH G			CITY-S1	T-ZIP		•	•		

13. I hereby certify that the information supplied with this filling 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: