

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070693

1. Entity Name
EADS MEDICAL PRACTICE, INC.

Principal Place of Business

1182 OCEANSHORE BLVD. 800 Sterthaus Ave. 1182 OCEANSHORE BLVD. 800 Sterthaus Ave. S
ORMOND BEACH FL 32176 32174 ORMOND BEACH FL 32176 32174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

1182 OCEANSHORE BLVD. 800 Sterthaus Ave. S
ORMOND BEACH FL 32176 32174

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90031 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3589417

Applied For

Not Applicable

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

CROTTY, KATHLEEN L ESQ.

501 N. GRANDVIEW AVE. 1800 W. Internet Speedway
DAYTONA BEACH FL 32118 Daytona Bch, FL 32118

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, 2002 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 D Delete
NAME EADS, ELIZABETH
STREET ADDRESS 5 Carrington Lane
CITY-ST-ZIP ORMOND BEACH FL 32176-Ormond Bch, FL 32174

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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

3/10/2002 (386-673-5411)
Date Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)