

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 041 ***150.00

DOCUMENT # P99000093677

1. Entity Name
MILLENNIUMDOCTOR.COM, INC.

Principal Place of Business

Mailing Address

~~200 E. PARK AVE.
TALLAHASSEE FL 32301~~
**400 Galleria Parkway
Suite 1500**

~~300 E. PARK AVE.
TALLAHASSEE FL 32301~~

2. Principal Place of Business

3. Mailing Address
70 Cameron Glen Dr

**Millennium Doctor
400 Galleria Parkway
Suite 1500
Atlanta, GA 30339**

Suite, Apt. #, etc.

City & State
ATLANTA, GA

Zip Country
30328 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3611937**

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

**F & L CORP.
200 LAURA ST.
JACKSONVILLE FL 32302**

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. (NOT Registered Agent's 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, 2001 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 **PO-C** Delete
NAME **CATES, CHRISTOPHER U**
STREET ADDRESS **1364 CLIFTON ROAD, SUITE C-430**
CITY-ST-ZIP **ATLANTA GA 30322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** Delete
NAME **Mr. John Runnigen**
STREET ADDRESS **70 Cameron Glen Dr. NW**
CITY-ST-ZIP **Atlanta, GA 30328-4745**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01

CR2E034 (10/00)