(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 26, 1993.
AMOUNT DUE ON OR BEFORE 7/26/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

CORPORATION ANNUAL REPORT 1993

S82348

DEPARTMENT OF STATE
Division of Corporations

FILED
93 DEC 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Name and Mailing Address of Corporation:

SPB Medical, Inc.
3715 Northside Parkway
300 Northcreek #105
Atlanta, Georgia 30327

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: February 18, 1991
3a. Date of Last Report: June 9, 1992

FILING FEE $225.00 — Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-3058467 ☐ Applied For ☐ Not Applicable

2. Mailing Address 21: 3715 Northside Parkway, 300 Northcreek
Suite, Apt. #, etc. 22: #105
City & State 23: Atlanta, GA
Zip 24: 30327 Country 25: USA

2a. Principal Place of Business 26: 3627 University Boulevard
Suite, Apt. #, etc. 27: Suite 235
City & State 28: Jacksonville, FL
Zip 29: 32216 Country 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:

Samuel L. LePrell
Suite 1500
1301 Gulf Life Drive
Jacksonville, FL 32207

10. Name and Address of New Registered Agent:

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 12/20/93
(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President, Secretary, Treasurer & Director	11 TITLE	900001081281 69
12 NAME	William A. McClain, III	12 NAME	-12/27/93--01172--007
13 STREET ADDRESS	3627 University Boulevard, Suite 235	13 STREET ADDRESS	****410.00 - ****375.00
14 CITY-ST-ZIP	Jacksonville, FL 32207	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	12/22
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath. I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: _____ November 30, 1993 (404) 261-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #