

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

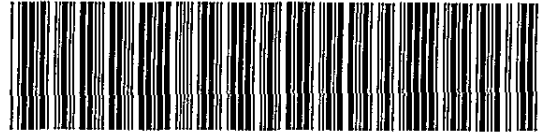
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100037714161

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

582348

1. Name and Mailing Address of Corporation: DOCUMENT #

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.

FILING FEE
\$225.00

Annual Report \$51.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 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

9. Name and Address of Current Registered Agent

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

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

Registered Agent Acceptance: *[Signature]* 607.1508 Registered Agent signature is required when reappointing

DATE 12/20/93

12. OFFICERS AND DIRECTORS

11 TITLE President, Secretary, Treasurer & Director
12 NAME William A. McClain, III
13 STREET ADDRESS 3627 University Boulevard, Suite 235
14 CITY- ST- ZIP Jacksonville, FL 32207

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

9000000012811691
-12/27/93-01172--007
****410.00 ****375.00

SP 12/22

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 30, 1993

(404) 261-3271