


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000605
 1. Entity Name
 MEDICAL DOCTOR ASSOCIATES, INC.



Principal Place of Business
 145 TECHNOLOGY PARKWAY
 NORCROSS, GA 30092

Mailing Address
 145 TECHNOLOGY PARKWAY
 NORCROSS, GA 30092

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-1761269 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GINTER, JAMES 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SHUMARD, KENNETH 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHUMARD, BRENDA J 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PRETIGER, MICHAEL 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Pretiger 7/7/04 770-797-2115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #