

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000605

FILED
Oct 19, 2005
Secretary of State

Entity Name: MEDICAL DOCTOR ASSOCIATES, INC.

Current Principal Place of Business:

145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 58-1761269 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: TRACY MANGANELLI

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GINTER, JAMES
Address: 145 TECHNOLOGY PARKWAY
City-St-Zip: NORCROSS, GA 30092

Title: CEO () Delete
Name: SHUMARD, KENNETH
Address: 145 TECHNOLOGY PARKWAY
City-St-Zip: NORCROSS, GA 30092

Title: SD () Delete
Name: SHUMARD, BRENDA J
Address: 145 TECHNOLOGY PARKWAY
City-St-Zip: NORCROSS, GA 30092

Title: T () Delete
Name: PRETIGER, MICHAEL
Address: 145 TECHNOLOGY PARKWAY
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PRETIGER

Electronic Signature of Signing Officer or Director

T

10/19/2005

Date