

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000006004

FILED
Oct 30, 2007
Secretary of State

Entity Name: MEDICAL DOCTOR ASSOCIATES, INC.

Current Principal Place of Business:

145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 20-3971061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, TRACEY
1372 MADISON IVY CIRCLE
APOPKA, FL 32712 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: TRACEY NOLAN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHUMARD, KEN
Address: 145 TECHNOLOGY PARKWAY NW
City-St-Zip: NORCROSS, GA 30092

Title: C () Delete
Name: CHITTY, RICHARD
Address: 3425 RIVER FERRY DRIVE
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: SCOBEY, DAVID
Address: 2645 CLUBSIDE TERRACE
City-St-Zip: ALPHARETTA, GA 30076

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

Title: EVP () Delete
Name: ANDERSON, ANNE
Address: 145 TECHNOLOGY PARKWAY NW
City-St-Zip: NORCROSS, GA 30092

Title: CFO () Delete
Name: PRETIGER, MICHAEL
Address: 145 TECHNOLOGY PARKWAY NW
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
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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 exemption stated in Chapter 119, 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

CFO

10/30/2007

Date