


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90040 010 \*\*\*150.00

**DOCUMENT # F06000006004**

1. Entity Name  
 MEDICAL DOCTOR ASSOCIATES, INC.



Principal Place of Business  
 145 TECHNOLOGY PARKWAY NW  
 NORCROSS, GA 30092

Mailing Address  
 145 TECHNOLOGY PARKWAY NW  
 NORCROSS, GA 30092

**DO NOT WRITE IN THIS SPACE**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3971061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, TRACEY  
 1972 MADISON IVY CIRCLE  
 APOPKA, FL 32712

*827 magnolia Blossum Court*

**DO NOT WRITE IN THIS SPACE**

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 12, 2008**

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	C SHUMARD, KEN 145 TECHNOLOGY PARKWAY NW NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHITTY, RICHARD 3425 RIVER FERRY DRIVE ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOBAY, DAVID 2645 CLUBSIDE TERRACE ALPHARETTA, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINTER, JIM 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ANDERSON, ANNE 145 TECHNOLOGY PARKWAY NW NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PRETIGER, MICHAEL 145 TECHNOLOGY PARKWAY NW NORCROSS, GA 30092

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 7/08 770-797-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #