

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006760

Entity Name: MTR OF GEORGIA, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6185 COCKRILL BEND CIRCLE
STE B
NASHVILLE, TN 37209 US

New Principal Place of Business:

Current Mailing Address:

6185 COCKRILL BEND CIRCLE
STE B
NASHVILLE, TN 37209 US

New Mailing Address:

FEI Number: 26-1244007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, THOMAS A
Address: 105 5TH AVENUE WEST
City-St-Zip: SPRINGFIELD, TN 37172

Title: SD () Delete
Name: BONE, CHARLES W
Address: 511 UNION STREET #1600
City-St-Zip: NASHVILLE, TN 37219

Title: D () Delete
Name: LIOSE, DAVID
Address: 6185 COCKRILL BOND CIRCLE
City-St-Zip: NASHVILLE, TN 37209

Title: D () Delete
Name: GRIFFITH, THOMAS
Address: 519 RANDOLPH AVENUE
City-St-Zip: HUNTSVILLE, AL 35801

Title: D () Delete
Name: MAUST, MARK T
Address: 12498 WYOMING AVENUE SOUTH
City-St-Zip: SAVAGE, MN 55378

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LIGON, DAVID
Address: 6185 COCKRILL BOND CIRCLE
City-St-Zip: NASHVILLE, TN 37209

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: THOMAS CARTER

Electronic Signature of Signing Officer or Director

PRES

04/27/2009

_____ Date