2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90216 015 ****70.50

DOCUMENT # F03000003010

1. Entity Name
MEDICAL ASSISTANCE PROGRAMS, INC.

Principal Place of Business	Mailing Address
2200 GLYNCO PARKWAY BRUNSWICK, GA 31525-6800	P.O. BOX 215000 BRUNSWICK, GA 31521-5000

20042936

04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~36-2583690~~ 36-2586390 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HUNGERFORD, DAVID S MD
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800
TITLE	V
NAME	HOUGH, JACK MD
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800
TITLE	PCEP
NAME	NYENHUIS, MICHAEL J
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800
TITLE	S
NAME	BALDA, JANIS JD
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800
TITLE	T
NAME	WILLIS, TIMOTHY R
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800
TITLE	AS
NAME	BALLINGER, INDIA M
STREET ADDRESS	2200 GLYNCO PARKWAY
CITY-ST-ZIP	BRUNSWICK, GA 315256800

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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)(i), 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 617, 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: _____ 4/14/05 912-280-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #