

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90155 023 \*\*\*\*70.50

DOCUMENT # F03000003010

1. Entity Name  
MEDICAL ASSISTANCE PROGRAMS, INC.



Principal Place of Business  
2200 GLYNCO PARKWAY  
BRUNSWICK, GA 31525-6800

Mailing Address  
P.O. BOX 215000  
BRUNSWICK, GA 31521-5000

40068040



04102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-2586390	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**DO NOT WRITE  
IN THIS SPACE**

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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daniel C. Reed, CFO/Asst. Treasurer

4/12/06  
Date

912-280-6607  
Daytime Phone #