2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# F03000003010

Entity Name: MEDICAL ASSISTANCE PROGRAMS, INC.

Current Principal Place of Business:

2200 GLYNCO PARKWAY
BRUNSWICK, GA 315256800

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 215000
BRUNSWICK, GA 315215000

New Mailing Address:

FEI Number: 36-2586390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	HUNGERFORD, DAVID S MD	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	V	( ) Delete
Name:	HOUGH, JACK MD	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	PCEP	( ) Delete
Name:	NYENHUIS, MICHAEL J	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	S	( ) Delete
Name:	BALDA, JANIS JD	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	T	( ) Delete
Name:	WILLIS, TIMOTHY R	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	AS	( ) Delete
Name:	BALLINGER, INDIA M	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	

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:	S	(X) Change ( ) Addition
Name:	MAIL, INGRID MASON M.D.	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:	T	(X) Change ( ) Addition
Name:	FOO, CHOK-PIN	
Address:	2200 GLYNCO PARKWAY	
City-St-Zip:	BRUNSWICK, GA 315256800	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. REED CFO 04/23/2007

Electronic Signature of Signing Officer or Director — Date