

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003010

FILED
Mar 31, 2011
Secretary of State

Entity Name: MEDICAL ASSISTANCE PROGRAMS, INC.

Current Principal Place of Business:

4700 GLYNCO PARKWAY
BRUNSWICK, GA 315256901

New Principal Place of Business:

Current Mailing Address:

4700 GLYNCO PARKWAY
BRUNSWICK, GA 315256901

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
Name: THANGARAJ, IMMANUEL
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

Title: V
Name: CORR, EDWIN G
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

Title: PCEO
Name: NYENHUIS, MICHAEL J
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

Title: S
Name: MAIL, INGRID MASON M.D.
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

Title: T
Name: FOO, CHOK-PIN
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

Title: AT
Name: REED, DANIEL C
Address: 4700 GLYNCO PARKWAY
City-St-Zip: BRUNSWICK, GA 315256901

I hereby 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 all other like empowered.

SIGNATURE: DANIEL C. REED

CFO

03/31/2011

Electronic Signature of Signing Officer or Director

Date