2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004400

1. Entity Name
MAG MUTUAL FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3525 PIEDMONT ROAD, BUILDING 8, SUITE 601 ATLANTA, GA 30305	3525 PIEDMONT ROAD, BUILDING 8, SUITE 601 ATLANTA, GA 30305

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2242202
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	VANDIVER, ROY W M.D.
STREET ADDRESS	3525 PIEDMONT ROAD, BUILDING 8, SUITE 600
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	VC
NAME	DELOACH, E. DANIEL M.D.
STREET ADDRESS	12 KOLB DRIVE
CITY-ST-ZIP	SAVANNAH, GA 31406
TITLE	D
NAME	ANDREWS, CATHERIE S M.D.
STREET ADDRESS	3825 CHEROKEE STREET
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	D
NAME	CHEEK, BENJAMIN H M.D.
STREET ADDRESS	2000 HAMILTON ROAD
CITY-ST-ZIP	COLUMBUS, GA 319048927
TITLE	P
NAME	BARTON, STEPHEN C
STREET ADDRESS	3525 PIEDMONT ROAD, BUILDING 8, SUITE 600
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	V
NAME	TASKER, JOSEPH W JR
STREET ADDRESS	3525 PIEDMONT ROAD, BUILDING 8, SUITE 600
CITY-ST-ZIP	ATLANTA, GA 30305

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01/15/04-80033-003 150.00

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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 607, 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: Marilyn J. Allen, Esq. Marilyn J. Allen, Esq. 1/12/04 800-282-4882 ext. 5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #