


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90268 016 \*\*\*158.75

<b>DOCUMENT # F03000004400</b>	
1. Entity Name <b>MAG MUTUAL FINANCIAL SERVICES, INC.</b>	

Principal Place of Business <b>3525 PIEDMONT ROAD, BUILDING 8, SUITE 601 ATLANTA, GA 30305</b>	Mailing Address <b>3525 PIEDMONT ROAD, BUILDING 8, SUITE 601 ATLANTA, GA 30305</b>
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**14010235**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-2242202</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C VANDIVER, ROY W M.D. 3525 PIEDMONT ROAD, BUILDING 8, SUITE 600 ATLANTA, GA 30305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DeLoach, E. Daniel M.D. 12 Kolb Drive Savannah, GA 31406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC DELOACH, E. DANIEL M.D. 12 KOLB DRIVE SAVANNAH, GA 31406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Collins, William C. M.D. 6000 Winterthur Dr. N.W. Atlanta, GA 30328</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Andrews, Catherine S M.D. 3825 CHEROKEE STREET KENNESAW, GA 30144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Haynes, Ralph L. M.D. 250 Riverwood Court Atlanta, GA 30328</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHEEK, BENJAMIN H M.D. 2000 HAMILTON ROAD COLUMBUS, GA 319048927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Israel, Philip Z. M.D. 702 Canton Road NE Marietta, GA 30060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARTON, STEPHEN C 3525 PIEDMONT ROAD, BUILDING 8, SUITE 600 ATLANTA, GA 30305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Wilson, Joseph S. Jr. M.D. 325 Old Powers Lane Atlanta, GA 30327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TASKER, JOSEPH W JR 3525 PIEDMONT ROAD, BUILDING 8, SUITE 600 ATLANTA, GA 30305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Gose, Thomas M. 3525 Piedmont Road, Building B, Suite 600 Atlanta, GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** W. D. Hannett W. D. Hannett 4/26/05 704-842-5633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAG Mutual Financial Services, Inc. **ATTACHMENT**  
 2005 For Profit Corporation Annual Report 14010235  
 Document #F03000004400 Attachment

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Russell, George F. 3525 Piedmont Road, Building 8, Suite 600 Atlanta, GA 30305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hammett, Marc D. 3525 Piedmont Road, Building 8, Suite 600 Atlanta, GA 30305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Allen, Marilyn J. 3525 Piedmont Road, Building 8, Suite 600 Atlanta, GA 30305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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