2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005
Secretary of State

DOCUMENT# F03000004983

Entity Name: GREYSTONE MEDICAL GROUP INC.

Current Principal Place of Business:

3251 POPLAR AVENUE, SUITE 150
MEMPHIS, TN 38111

New Principal Place of Business:

Current Mailing Address:

3251 POPLAR AVENUE, SUITE 150
MEMPHIS, TN 38111

New Mailing Address:

FEI Number: 62-1660625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, MARTIN E ESQ.
1401 BRICKELL AVE., SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SAUNDERS, TOM ESQ.
1940 EDGEWOOD DRIVE
LAKELAND, FL 33803 US

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: TOM SAUNDERS 07/25/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: PILANT, GREGORY
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete
Name: WINNETT, R. DAN ESQ.
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

Title: D ( ) Delete
Name: HOEKSTRA, HANS DR.
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete
Name: MONROE, STEVE DR.
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete
Name: MCNAIR, MARSHA
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

Title: DCFO ( ) Delete
Name: CARTER, ROBERT
Address: 3251 POPLAR AVENUE, SUITE 150
City-St-Zip: MEMPHIS, TN 38111

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG PILANT MR. 07/25/2005
Electronic Signature of Signing Officer or Director Date