## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004983

Entity Name: GREYSTONE MEDICAL GROUP INC.

FILED Apr 25, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
	LAR AVENUE , TN 38111	, SUITE 200		3251 POPLAR AVENUE, SUITE 150 MEMPHIS, TN 38111			
Current Mailing Address:			New Maili	New Mailing Address:			
3251 POPLAR AVENUE, SUITE 200 MEMPHIS, TN 38111			STE 202	16261 BASS RD STE 202 FT MYERS, FL 33908			
FEI Number:	62-1660625	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Des	sired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1940 EDG	RS, TOM ESC EWOOD DRIV D, FL 33803						
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered age	nt, or both,	
SIGNATUR	RE:						
Ela atiana 0 and		nic Signature of Registered Age	ent		Date		
		g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES	S TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	PILANT, GREG	AVENUE, SUITE 200	Title: Name: Address: City-St-Zip:	DCEO (X PILANT, GREA 16261 BASS I FORT MYERS	RD STE 202		
Title: Name: Address: City-St-Zip:	WINNETT, R. I	AVENUE, SUITE 200	Title: Name: Address: City-St-Zip:	CFO (2 DOUGLAS, KI 16261 BASS I FORT MYERS	RD STE 202		
Title: Name: Address: City-St-Zip:	HOEKSTRA, H	AVENUE, SUITE 200	Title: Name: Address: City-St-Zip:	MCNAIR, MAR	R AVENUE, SUITE 150		
Title: Name:	V (X MCNAIR, MAR	i) Delete SHA	Title: Name:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: GREGORY PILANT DCEO 04/25/2008

3251 POPLAR AVENUE, SUITE 200

(X) Delete

3251 POPLAR AVE., SUITE 200

MEMPHIS, TN 38111

DOUGLAS, KEVIN

MEMPHIS, TN 38111

DCFO

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition