05/01/2006 10:11 4782379590 TURNER & JOI

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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90239 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000006300

1. Entity Name
MAXIMUM MEDICAL, INC.

Principal Place of Business
1038 MC GARRH MILL POND RD.
SWAINSBORO, GA 30401-4110

Mailing Address
1038 MC GARRH MILL POND RD.
SWAINSBORO, GA 30401-4110

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03132006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2470332
Applied For
Not Applicable

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

6. **Name and Address of Current Registered Agent**
CORP DIRECT AGENTS INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. **Name and Address of New Registered Agent**
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P ☐ Delete
NAME	OGLESBY, TONY D
STREET ADDRESS	1038 MCGARRIE MILL POND ROAD
CITY-ST-ZIP	SWAINSBORO, GA 304014110
TITLE	VS ☒ Delete
NAME	OGLESBY, RUSSELL C
STREET ADDRESS	66 DANNY OGLESBY
CITY-ST-ZIP	SWAINSBORO, GA 30401
TITLE	SECRETARY ☐ Delete
NAME	LEWIS, BARBARA O.
STREET ADDRESS	565 GREEN SPENCE RD.
CITY-ST-ZIP	MIDVILLE, GA 30441
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara O. Lewis 5/1/06 478-589-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #