

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 010 ***150.00

DOCUMENT # F06000006004

1. Entity Name
MEDICAL DOCTOR ASSOCIATES, INC.



Principal Place of Business
**145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092**

Mailing Address
**145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092**

DO NOT WRITE IN THIS SPACE



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3971061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAN, TRACEY
1972 MADISON IVY CIRCLE
APOPKA, FL 32712

*827 magnolia
Blossom Court*

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
SHUMARD, KEN
145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
CHITTY, RICHARD
3425 RIVER FERRY DRIVE
ALPHARETTA, GA 30022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCOBAY, DAVID
2645 CLUBSIDE TERRACE
ALPHARETTA, GA 30076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GINTER, JIM
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVP
ANDERSON, ANNE
145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
PRETIGER, MICHAEL
145 TECHNOLOGY PARKWAY NW
NORCROSS, GA 30092**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/08

770-797-2115