

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: MAG MUTUAL HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

3525 PIEDMONT RD NE, BLDG.8-600
ATLANTA, GA 303051556

New Principal Place of Business:

Current Mailing Address:

3525 PIEDMONT RD NE, BLDG.8-600
ATLANTA, GA 303051556

New Mailing Address:

FEI Number: 58-2244533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: VANDIVER, ROY W M.D.
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

Title: CEO
Name: GRIMES, DARRELL O
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

Title: P
Name: MILLER, DAVID A
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

Title: VP
Name: CARTER, THOMAS BRYAN
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

Title: TAS
Name: HAMMETT, MARC D
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

Title: S
Name: CREGAN, JOSEPH L
Address: 3525 PIEDMONT RD NE, BLDG.8-600
City-St-Zip: ATLANTA, GA 303051556

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH L. CREGAN

SEC

01/04/2011

Electronic Signature of Signing Officer or Director

Date