

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006135

FILED
Jan 23, 2006
Secretary of State

Entity Name: THE HEALTH CARE GROUP, INC. (OF GEORGIA)

Current Principal Place of Business:

750 PARK AVE 11TH FLOOR
11 SE
ATLANTA, GA 30326 US

New Principal Place of Business:

Current Mailing Address:

750 PARK AVE
11SE
ATLANTA, GA 30326 US

New Mailing Address:

FEI Number: 58-2165271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENBERG, RICHARD ESQ
325 W PARK AVE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILDSTEIN, WALTER B
Address: 750 PARK AVE 11TH FLOOR
City-St-Zip: ATLANTA, GA 30326 US

Title: S () Delete
Name: WILDSTEIN, ARLENE B
Address: 750 PARK AVE 11TH FLOOR
City-St-Zip: ATLANTA, GA 30326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: WALTER B. WLILDSTEIN

MGR

01/23/2006

Electronic Signature of Signing Officer or Director

Date