2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100226

Entity Name: GLOBAL MEDICAL ASSOCIATES, INC.

FILED Jan 29, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2005 SALT MYRTLE LANE ORANGE PARK, FL 32003				1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207			
Current Mailing Address:				New Mailing Address:			
2005 SALT MYRTLE LANE ORANGE PARK, FL 32003			1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FL 32207				
FEI Number:	59-3750586	FEI Number Applied For ()	El Num	nber Not Appli	cable ()	Certificate of Status De	esired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
POWERS, ROBERT ROLAND DO 2005 SALT MYRTLE LANE ORANGE PARK, FL 32003 US 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.							
SIGNATUR							
Election Cam		c Signature of Registered Agent Trust Fund Contribution ().				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () ALMOJERA, BEI 5601 TIMUQUAN JACKSONVILLE	IA ROAD		Title: Name: Address: City-St-Zip:	BROCK, RICHA	ACE BLVD, SUITE 2400	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BRUST, LEEAN	ACE BLVD, SUITE 2400	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WHITE, JAMES	ACE BLVD, SUITE 2400	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	PARSONS, JR,	ACE BLVD, SUITE 2400`	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VON STEIN, NE	ACE BLVD, SUITE 2400	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEAL VON STEIN TD 01/29/2004

WILLIAM MORROW, DIRECTOR 1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FLORIDA 32207

DAVID BRINSON, DIRECTOR 1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FLORIDA 32207

ROBERT HINCKLEY, DIRECTOR 1301 RIVERPLACE BOULEVARD SUITE 2400 JACKSONVILLE, FLORIDA 32207

ROBERT HINCKLEY, DIRECTOR 1301 RIVERPLACE BLVD