

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100226

FILED
Jul 27, 2006
Secretary of State

Entity Name: GLOBAL MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1301 RIVERPLACE BOULEVARD
SUITE 2400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BOULEVARD
SUITE 2400
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3750586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, ROBERT ROLAND DO
2005 SALT MYRTLE LANE
ORANGE PARK, FL 32003 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, ROBERT ROLAND DO
Address: 2005 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD () Delete
Name: BROCK, RICHARD D
Address: 1301 RIVERPLACE BLVD, SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: BRUST, LEEANN M
Address: 1301 RIVERPLACE BLVD, SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: WHITE, JAMES R
Address: 1301 RIVERPLACE BLVD, SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PARSONS, JR, HARRY M
Address: 1301 RIVERPLACE BLVD, SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: VON STEIN, NEAL
Address: 1301 RIVERPLACE BLVD, SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NEAL VON STEIN

TD

07/27/2006

Electronic Signature of Signing Officer or Director

Date