2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113320

Entity Name: MEDICAL ALLIANCE GROUP, INC.

FILED Apr 06, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
BUILDING	SLEY AVENU 4 PARK, FL 320				
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
BUILDING	SLEY AVENU 4 PARK, FL 320				
FEI Number:	: 36-4512328	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 105	DENTIAL DRI				
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WINTON, HER 3122 NAUTILU MIDDLEBURG	SRD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VST (WINTON, DEN 3122 NAUTILU MIDDLEBURG	SRD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HERSCHEL B. WINTON III PRES 04/06/2005