

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24488

FILED
Jan 28, 2010
Secretary of State

Entity Name: CONSOLIDATED MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

3715 NORTHSIDE PARKWAY
300 NORTHCREEK, SUITE 105
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

3715 NORTHSIDE PARKWAY
300 NORTHCREEK, SUITE 105
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 58-1825685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEY, THERESA M ESQ
4348 SOUTHPOINT BLVD.
SUITE 101
JACKSONVILLE, FL 32216 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: PD
Name: MCCLAIN, WILLIAM A.
Address: 3715 NORTHSIDE PKWY.#105
City-St-Zip: ATLANTA, GA 30327

Title: AS
Name: GROUT, ROBERT W.
Address: 600 PEACHTREE ST STE 5600
City-St-Zip: ATLANTA, GA

Title: VP
Name: MCCLAIN IV, WILLIAM A
Address: 3715 NORTHSIDE PKWY, STE-105 BDG-300
City-St-Zip: ATLANTA, GA 30327

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: WILLIAM A. MCCLAIN III

PRES

01/28/2010

Electronic Signature of Signing Officer or Director

Date