


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P26128
 1. Entity Name
FORAM GROUP, INC. OF GEORGIA



Principal Place of Business 600 BRICKELL AVENUE STE 800 MIAMI, FL 33131 US	Mailing Address 600 BRICKELL AVENUE STE 800 MIAMI, FL 33131 US
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1351307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COCKRUM, LORETTA H
 600 BRICKELL AVENUE STE 800
 MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COCKRUM, LORETTA H. 600 BRICKELL AVENUE STE 800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRINGER, WAYNE E 600 BRICKELL AVE, #800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRINGER, KRISTIN L 600 BRICKELL AVE, #800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/15/04-80018-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta H. Cockrum, Secy.* 4-13-04 305-388-9867
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #