


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 037 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 777 Brickell Avenue Suite, Apt. #, etc. Suite 808		3. Mailing Address 777 Brickell Avenue Suite, Apt. #, etc. Suite 808			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 58-1351307	
Zip 33131		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue Suite 808 City Miami FL Zip Code 33131		
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: <u><i>Loretta H Cockrum</i></u> <u>Loretta H Cockrum</u> <u>3/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COCKRUM, LORETTA H. 600 BRICKELL AVENUE STE 800 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	777 Brickell Ave., suite 808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL. 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRINGER, KRISTIN L 600 BRICKELL AVE, #800 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	777 Brickell Ave. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 808 Miami, FL. 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEVILLA, CHARLOTTE R 600 BRICKELL AVE STE 800 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Loretta H Cockrum</i></u> <u>Loretta H Cockrum</u> <u>3/29/07</u> <u>305 358-9807</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date		Daytime Phone #	