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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013053 (9)

1. Corporation Name
GEORGIA PHYSICIANS MEDICAL ACCESS GROUP, INC.



Principal Place of Business

3696 ULMERTON ROAD
CLEARWATER FL 34622

Mailing Address

3696 ULMERTON ROAD
CLEARWATER FL 34622-4271

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3367720

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name

Ransom Stigleman, III

82 Street Address (P.O. Box Number is Not Acceptable)

3696 Ulmerton Road

83

84 City

Clearwater

FL

85 Zip Code

34622

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ransom Stigleman, III

(NOTE: Registered Agent signature required when reinstating)

DATE

03/31/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME NOBLE, STEPHEN H
STREET ADDRESS 3696 ULMERTON ROAD
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ DELETE
NAME STIGLEMAN, RANSOM III
STREET ADDRESS 3696 ULMERTON ROAD
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11, (7)(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ransom Stigleman, III 813-573
1255

CR2E034 (9/96)