

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013053

FILED
Jan 30, 2004
Secretary of State

Entity Name: GEORGIA PHYSICIANS MEDICAL ACCESS GROUP, INC.

Current Principal Place of Business:

3696 ULMERTON ROAD
CLEARWATER, FL 34622

New Principal Place of Business:

14010 ROOSEVELT BLVD
709
CLEARWATER, FL 33762 US

Current Mailing Address:

3696 ULMERTON ROAD
CLEARWATER, FL 34622

New Mailing Address:

14010 ROOSEVELT BLVD
709
CLEARWATER, FL 33762 US

FEI Number: 59-3367720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIGLEMAN, RANSOM III
3696 ULMERTON ROAD
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

STIGLEMAN, RANSOM III
14010 ROOSEVELT BLVD
709
CLEARWATER, FL 33762 US

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:

01/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOBLE, STEPHEN H
Address: 3696 ULMERTON ROAD
City-St-Zip: CLEARWATER, FL 34622

Title: D () Delete
Name: STIGLEMAN, RANSOM III
Address: 3696 ULMERTON ROAD
City-St-Zip: CLEARWATER, FL 34622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NOBLE, STEPHEN H
Address: 14010 ROOSEVELT BLVD #709
City-St-Zip: CLEARWATER, FL 33762 US

Title: D (X) Change () Addition
Name: STIGLEMAN, RANSOM III
Address: 14010 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33762 US

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: STEPHEN H NOBLE

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date