## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000013053

Entity Name: GEORGIA PHYSICIANS MEDICAL ACCESS GROUP, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
14010 ROOSEVELT BLVE	)			
CLEARWATER, FL 33762	2 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
14010 ROOSEVELT BLVD	)			
709 CLEARWATER, FL 33762	2 US			
FEI Number: 59-3367720	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
STIGLEMAN, RANSOM III 14010 ROOSEVELT BLVD 709		14010 ROOŚEVELT B	STIGLEMAN, RANSOM VP 14010 ROOSEVELT BLVD 709	
CLEARWATER, FL 33762 US			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: RANSOM STIGLEMAN			03/09/2006	
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PRES ()[ Name: NOBLE, STEPHE	Delete EN H	Title: Name:	( ) Change ( ) Addition	

Address: 14010 ROOSEVELT BLVD #709 Address: City-St-Zip:

CLEARWATER, FL 33762 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

STIGLEMAN, RANSOM STIGLEMAN, RANSOM III Name: Name: Address: 14010 ROOSEVELT BLVD Address: 14010 ROOSEVELT BLVD CLEARWATER, FL 33762 US CLEARWATER, FL 33762 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 NOBLE **PRES** 03/09/2006