

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013053

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: GEORGIA PHYSICIANS MEDICAL ACCESS GROUP, INC.

## Current Principal Place of Business:

14010 ROOSEVELT BLVD  
709  
CLEARWATER, FL 33762 US

## New Principal Place of Business:

1889 CURLEW ROAD  
PALM HARBOR, FL 34683 US

## Current Mailing Address:

14010 ROOSEVELT BLVD  
709  
CLEARWATER, FL 33762 US

## New Mailing Address:

1889 CURLEW ROAD  
PALM HARBOR, FL 34683 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 VP  
14010 ROOSEVELT BLVD  
709  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

STIGLEMAN, RANSOM VP  
1889 CURLEW ROAD  
PALM HARBOR, FL 34683 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

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: NOBLE, STEPHEN H  
Address: 14010 ROOSEVELT BLVD #709  
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP ( ) Delete  
Name: STIGLEMAN, RANSOM  
Address: 14010 ROOSEVELT BLVD  
City-St-Zip: CLEARWATER, FL 33762 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NOBLE, STEPHEN H  
Address: 1889 CURLEW ROAD  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP (X) Change ( ) Addition  
Name: STIGLEMAN, RANSOM  
Address: 1889 CURLEW ROAD  
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify 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: RANSOM STIGLEMAN

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date