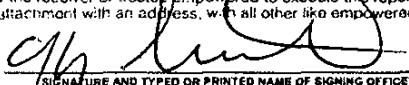


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015248			
1. Entity Name TAMPA MEDICAL ASSOCIATES, INC.			
Principal Place of Business ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US		Mailing Address ONE RAVINIA DR SUITE 1500 ATLANTA, GA 30346 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 1250		Suite, Apt. #, etc. Suite 1250	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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/D GRUNSTEIN, HARRY M 920 RIDGEBROOK RD SPARKS GLENCOE, MD 21152 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD One Ravinia Dr, Ste. 1250 Atlanta, GA 30346 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GENTRY, BOYD P ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT One Ravinia Dr, Ste. 1250 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MICHAEL ONE RAVINIA DR STE 1500 ATLANTA, GA 30346 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900076204139 06/14/06--01036--008 **13000.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2C 617 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		11/30/06 678-443-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	