

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S32820</b>	
1. Entity Name PHYSICIANS MANAGEMENT ASSOCIATES, INC.	
Principal Place of Business 114 STUART RD NE, PMB 293 CLEVELAND, TN 37312 US	Mailing Address 114 STUART RD NE, PMB 293 CLEVELAND, TN 37312 US



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3056469	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CARADONNA, JOSEPH S 14547 BRUCE B DOWNS BLVD TAMPA, FL 33613	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000884069  
04/17/08-80029-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCIS, SHERMAN H 114 STUART RD NE, PMB 293 CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANCIS, SHARON E 114 STUART RD NE, PMB 293 CLEVELAND, TN 37312
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**DO NOT WRITE IN THIS SPACE**

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:** *Sharon E. Francis*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** SHARON E. FRANCIS V-Pres

4/3/08 (423) 780-9525  
Date Daytime Phone #