

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003986

Entity Name: 24 ON PHYSICIANS, PC**Current Principal Place of Business:**318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30009**Current Mailing Address:**318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30009**FEI Number:** 58-2569828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, PRESIDENT, DIRECTOR
Name	HOLLOWAY, ROBERT J MD
Address	318 MAXWELL ROAD, SUITE 500
City-State-Zip:	ALPHARETTA GA 30009

Title	SECRETARY
Name	FULLER, DAN
Address	318 MAXWELL ROAD, SUITE 500
City-State-Zip:	ALPHARETTA GA 30009

Title	ASST. SECRETARY
Name	EADE, CURTIS
Address	318 MAXWELL ROAD SUITE 500
City-State-Zip:	ALPHARETTA GA 30009

I hereby 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 all other like empowered.

SIGNATURE: DAN FULLER

SECRETARY

04/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date