

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003986

Entity Name: 24 ON PHYSICIANS, PC

FILED
Apr 09, 2012
Secretary of State

Current Principal Place of Business:

318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 58-2569828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: HOLLOWAY, ROBERT J MD
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30009

Title: TCFO
Name: EADE, ARTHUR
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30009

Title: PDS
Name: FULLER, DAN
Address: 318 MAXWELL ROAD, SUITE 500
City-St-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

PDS

04/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date