

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