

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003986

**FILED  
Jan 31, 2018  
Secretary of State  
CC1753496259**

**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	SECRETARY
Name	FULLER, DAN
Address	318 MAXWELL ROAD SUITE 500
City-State-Zip:	ALPHARETTA GA 30009
Title	PRESIDENT, TREASURER
Name	SMITH, THOMAS W. MD
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**

**01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date