

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003986

Entity Name: 24 ON PHYSICIANS, PC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

318 MAXWELL ROAD
SUITE 500
ALPHARETTA, GA 30004

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:

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVE.
SUITE 200
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOLLOWAY, ROBERT J MD
Address: 318 MAXWELL ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: DV () Delete
Name: TEHRANI, SHAHAM MD
Address: 318 MAXWELL ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: VST () Delete
Name: FULLER, DAN
Address: 318 MAXWELL ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: B () Delete
Name: GERMANN, MARY
Address: 318 MAXWELL ROAD
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOLLOWAY, ROBERT J MD
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30004

Title: DV (X) Change () Addition
Name: TEHRANI, SHAHAM MD
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30004

Title: VST (X) Change () Addition
Name: FULLER, DAN
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30004

Title: B (X) Change () Addition
Name: GERMANN, MARY
Address: 318 MAXWELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCIA PARKERSON

CONT

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date