

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003986

**Entity Name:** 24 ON PHYSICIANS, PC

**Current Principal Place of Business:**

13000 DEERFIELD PARKWAY  
SUITE 100  
ALPHARETTA, GA 30004

**Current Mailing Address:**

13000 DEERFIELD PARKWAY  
SUITE 100  
ALPHARETTA, GA 30004 US

**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 13000 DEERFIELD PARKWAY  
SUITE 100  
City-State-Zip: ALPHARETTA GA 30004

Title ASST. SECRETARY  
Name EADE, CURTIS  
Address 13000 DEERFIELD PARKWAY  
SUITE 100  
City-State-Zip: ALPHARETTA GA 30004

Title PRESIDENT, TREASURER, CEO,  
DIRECTOR  
Name SMITH, THOMAS W. MD  
Address 13000 DEERFIELD PARKWAY  
SUITE 100  
City-State-Zip: ALPHARETTA GA 30004

*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

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date