

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003986

Entity Name: 24 ON PHYSICIANS, PC

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30004

## Current Mailing Address:

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30004

FEI Number: 58-2569828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30009

## New Mailing Address:

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30009

## Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HOLLOWAY, ROBERT J MD  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30004

Title: ASEC ( ) Delete  
Name: EADE, ARTHUR C  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30004

Title: SEC ( ) Delete  
Name: FULLER, DAN  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HOLLOWAY, ROBERT J MD  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: ASEC (X) Change ( ) Addition  
Name: EADE, ARTHUR C  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: SEC (X) Change ( ) Addition  
Name: FULLER, DAN  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date