

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003986

Entity Name: 24 ON PHYSICIANS, PC

FILED  
Jan 20, 2010  
Secretary of State

**Current Principal Place of Business:**

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30009

**New Principal Place of Business:**

**Current Mailing Address:**

318 MAXWELL ROAD  
SUITE 500  
ALPHARETTA, GA 30009

**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.  
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  
Name: HOLLOWAY, ROBERT J MD  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

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

Title: SEC  
Name: FULLER, DAN  
Address: 318 MAXWELL ROAD, SUITE 500  
City-St-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

SEC

01/20/2010

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

\_\_\_\_\_ Date