

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211516721

1.) CORPORATION NAME:

**24 On Physicians, PC**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**HIQ CORPORATE SERVICES INC**

**201 N. UNION STREET**

**SUITE 140**

**ALEXANDRIA, VA 22314**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

DUE DATE: **7/31/2011**

SCC ID NO: **F1593948**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 318 MAXWELL ROAD STE 500

CITY/ST/ZIP: ALPHARETTA, GA 30009-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT J HOLLOWAY MD			
TITLE:	CEO/PRESIDENT			
ADDRESS:	318 MAXWELL RD STE 500			
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30009-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CURTIS EADE			
TITLE:	ASST SEC			
ADDRESS:	318 MAXWELL RD STE 500			
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30009-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAN FULLER			
TITLE:	SECRETARY			
ADDRESS:	318 MAXWELL RD STE 500			
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30009-			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAN FULLER	DAN FULLER, SECRETARY	7/28/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.