

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 287763 (7)
1. Corporation Name
MEDICAL ARTS CENTER INC



Principal Place of Business: **C/O JAMES C. JACOB & CO., INC. POST OFFICE BOX 14400 TAMPA FL 33690**
Mailing Address: **C/O JAMES C. JACOB & CO., INC. POST OFFICE BOX 14400 TAMPA FL 33690**

3. Date Incorporated or Qualified: **10/01/1964** 3a. Date of Last Report: **05/12/1995**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
4. FEI Number: **59-1195678**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **JACOB & ROBRETS COMPANY INC. 1200 WEST PLATT STREET SUITE 204 TAMPA FL 33606**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PD
NAME	OWREY, R H DR	12. NAME	Dominguez, Jose Jr. MD
STREET ADDRESS	5701 MARINER	13. STREET ADDRESS	4600 N. Habana Avenue #8
CITY-ST-ZIP	TAMPA FL 33609	14. CITY-ST-ZIP	Tampa, FL 33614
TITLE	SD	2. TITLE	VD
NAME	MCKELL, J P DR	22. NAME	Kortright, Luis E. MD
STREET ADDRESS	4600 N HABANA AVE #25	23. STREET ADDRESS	4600 N. Habana Avenue #6
CITY-ST-ZIP	TAMPA FL 33614	24. CITY-ST-ZIP	Tampa, FL 33614
TITLE	TD	3. TITLE	SD
NAME	HAEDICKE, GEORGE DR	32. NAME	Cohen, Lawrence S. MD
STREET ADDRESS	4600 N HABANA AVE #22	33. STREET ADDRESS	4600 N. Habana Avenue #35
CITY-ST-ZIP	TAMPA FL 33614	34. CITY-ST-ZIP	Tampa, FL 33614
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)