

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 287763 (7)

1. Corporation Name
MEDICAL ARTS CENTER INC



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|---|--|
| 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 33690-4400 |
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|--------------------------------------|---------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 10/01/1964 | 3a. Date of Last Report 05/01/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1195678 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature type the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMINGUEZ, JOSE JR MD | 1.2 NAME | |
| STREET ADDRESS | 4600 N HABANA AVE, #8 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KORTRIGHT, LUIS E. MD | 2.2 NAME | |
| STREET ADDRESS | 4600 N HABANA AVE, #8 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, LAWRENCE S. M | 3.2 NAME | |
| STREET ADDRESS | 4600 N HABANA AVE, #35 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)