


**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90100 041 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 287763**  
 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1964**

2. Principal Place of Business 21 c/o Jacob Real Estate Services, Inc. Suite, Apt. #, etc. 22 1200 W Platt St, Suite 204 City & State 23 Tampa FL Zip 24 33606	2a. Mailing Address 26 c/o Jacob Real Estate Services, Inc. Suite, Apt. #, etc. 27 Post Office Box 14400 City & State 28 Tampa FL Zip 29 33690	Country 25 US	Country 30 US
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4. FEI Number <b>59-1195678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>James C. Jacob</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 W Platt Street</b>
83 Suite <b>Suite 204</b>
84 City <b>Tampa</b>
85 Zip Code <b>FL 33606</b>

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: James C. Jacob, Reg. Agent DATE: 4-29-99

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JOSE JR MD 4600 N HABANA AVE, #8 TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORTRIGHT, LUIS E. MD 4600 N HABANA AVE, #6 TAMPA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, LAWRENCE S. M 4600 N HABANA AVE, #35 TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD COHEN, LAWRENCE S. MD 4600 N. HABANA AVE. #35 TAMPA FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD MCKELL, JOSEPH P. MD 3306 SAN-NICHOLAS TAMPA FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD HAEDICKE, GEORGE MD 4600 N. HABANA AVE. #22 TAMPA FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CD DOMINGUEZ, JOSE JR MD 14310 N DALE MABRY-HIGHWAY, SUITE 260 TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Lawrence S. Cohen DATE: 4/29/99 DAYTIME PHONE: 813 824 7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)