

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59112

FILED
Feb 18, 2005
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF AMERICA, INC.

Current Principal Place of Business:

7900 GLADES ROAD
STE 435
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD
STE 435
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2582257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAWYER, EDWARD E
C/O WHITE & CASE
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131 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: PD () Delete
Name: SOLNIK, MIKE
Address: 400 SW 5TH AVE., SUITE 503
City-St-Zip: BOCA RATON, FL 33432

Title: DV () Delete
Name: RICHMAN, ANDREW MD
Address: 3634 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE SOLNIK

PD

02/18/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date