

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59112

FILED  
Mar 24, 2009  
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 exemption stated in Chapter 119, 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

PRES

03/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date