


**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90074 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000055434**

1. Corporation Name  
**MD PERSPECTIVES, INC.**



Principal Place of Business 7170 PROMENADE A 802 BOCA RATON FL 33433	Mailing Address 7170 PROMENADE A 802 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/22/1998</b>	4. FEI Number <b>EIN (65-0856826)</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		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE, SUITE 3000**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

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, typed or 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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN M GLANZ	1.2 NAME	
STREET ADDRESS	7170 PROMENADE A 802	1.3 STREET ADDRESS	Ø
CITY-ST-ZIP	BOCA RATON, FLA 33433	1.4 CITY-ST-ZIP	Ø
TITLE	CHIEF EXEC OFFICER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD J FERRARA JR	2.2 NAME	
STREET ADDRESS	1208 WHITTIER	2.3 STREET ADDRESS	Ø
CITY-ST-ZIP	GAP, MI 48230	2.4 CITY-ST-ZIP	Ø
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX FERRARA	3.2 NAME	
STREET ADDRESS	1208 WHITTIER	3.3 STREET ADDRESS	Ø
CITY-ST-ZIP	GAP, MI 48230	3.4 CITY-ST-ZIP	Ø
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ø	4.2 NAME	
STREET ADDRESS	Ø	4.3 STREET ADDRESS	Ø
CITY-ST-ZIP	Ø	4.4 CITY-ST-ZIP	Ø
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ø	5.2 NAME	
STREET ADDRESS	Ø	5.3 STREET ADDRESS	Ø
CITY-ST-ZIP	Ø	5.4 CITY-ST-ZIP	Ø
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ø	6.2 NAME	
STREET ADDRESS	Ø	6.3 STREET ADDRESS	Ø
CITY-ST-ZIP	Ø	6.4 CITY-ST-ZIP	Ø

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: Alex Ferrara **SIGNATURE REQUIRED** 3-15-99 313884-9368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)