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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1998

4. FEI Number: EIN (65-0856826) Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

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)