

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H59112

**Entity Name:** MEDICAL ASSOCIATES OF AMERICA, INC.

**Current Principal Place of Business:**

7900 GLADES ROAD  
STE 435  
BOCA RATON, FL 33434

**Current Mailing Address:**

7900 GLADES ROAD  
STE 435  
BOCA RATON, FL 33434 US

**FEI Number:** 59-2582257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAWYER, EDWARD E  
C/O WHITE & CASE  
200 S. BISCAYNE BOULEVARD, SUITE 4900  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title PD  
Name SOLNIK, MIKE  
Address 400 SW 5TH AVE., SUITE 503  
City-State-Zip: BOCA RATON FL 33432

Title DV  
Name RICHMAN, ANDREW MD  
Address 3634 PRINCETON PLACE  
City-State-Zip: BOCA RATON FL 33496

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIKE SOLNIK

**PRESIDENT**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date