2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F06000005591

Entity Name: MEDICAL ARTS OFFICE SERVICES, INC.

Current Principal Place of Business:

26 HARBOR PARK DR.
PORT WASHINGTON, NY 11050

New Principal Place of Business:

26 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050

Current Mailing Address:

26 HARBOR PARK DR.
PORT WASHINGTON, NY 11050

New Mailing Address:

26 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050

FEI Number: 11-2705907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PDS ( ) Delete
Name: BRODSKY, BERT E
Address: 26 HARBOR PARK DR.
City-St-Zip: PORT WASHINGTON, NY 11050

Title: AS ( ) Delete
Name: KAPLAN, IRA
Address: 26 HARBOR PARK DR.
City-St-Zip: PORT WASHINGTON, NY 11050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: BRODSKY, BERT E
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: AS (X) Change ( ) Addition
Name: KAPLAN, IRA
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

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: BERT E. BRODSKY PDS 01/08/2008

Electronic Signature of Signing Officer or Director — Date