FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:11

DOCUMENT # **F62596** **(4)**

1. Corporation Name
MEDICAL ASSOCIATION SERVICES, INC.

Principal Place of Business	Mailing Address
606 SOUTH BOULEVARD TAMPA FL 33606	606 SOUTH BOULEVARD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1982
3a. Date of Last Report: 04/18/1994

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

4. FEI Number: 59-2155354 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, THOMAS B.
606 SOUTH BOULEVARD
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: James Blanco
82 Street Address (P.O. Box Number is Not Acceptable): 606 South Boulevard
83
84 City: Tampa **FL** 85 Zip Code: 33606

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: James Blanco — 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	REDDY, FREDERICK	12 NAME		
STREET ADDRESS	508 W. MARTIN LUTHER KING JR BLVD., STE A	13 STREET ADDRESS		
CITY ST ZIP	TAMPA, FL 00000	14 CITY ST ZIP		
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	STABLEIN, JOHN	22 NAME	Sylvia Campbell, M.D.	
STREET ADDRESS	500 VONDERBURG DR., #103 E.	23 STREET ADDRESS	217 S. Matanzas	
CITY ST ZIP	BRANDON FL	24 CITY ST ZIP	Tampa, FL 33607	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BOUIS, PIERRE	32 NAME	Dennis Agliano, M.D.	
STREET ADDRESS	12901 BRUCCE B DWN BX 46	33 STREET ADDRESS	4600 N. Habana Ave., Suite 23	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa, FL	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	RYDELL, RALPH	42 NAME	Brad Bjornstad, M.D.	
STREET ADDRESS	5106 N. ARMENIA AVE., #1	43 STREET ADDRESS	12201 Bruce B. Downs Blvd.	
CITY ST ZIP	TAMPA, FL 00000	44 CITY ST ZIP	Tampa, FL 33612	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	EUBANKS, W. HUNTER	52 NAME	Mutaz Habal, M.D.	
STREET ADDRESS	13801 N. 30TH ST. #104	53 STREET ADDRESS	801 W. ML King Jr. Blvd.	
CITY ST ZIP	TAMPA, FL 00000	54 CITY ST ZIP	Tampa, FL	
TITLE	C	61 TITLE	C	☒ Change ☐ Addition
NAME	CLARK, THOMAS B.	62 NAME	James Blanco	
STREET ADDRESS	606 SOUTH BLVD	63 STREET ADDRESS	606 South Boulevard	
CITY ST ZIP	TAMPA, FL 00000	64 CITY ST ZIP	Tampa, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: James Blanco — 4/6/95 — (813) 253-0471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0291061 CP