

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F62596 (4)

1. Corporation Name

MEDICAL ASSOCIATION SERVICES, INC.

Principal Place of Business

606 SOUTH BOULEVARD
TAMPA FL 33606

Mailing Address

606 SOUTH BOULEVARD
TAMPA FL 33606



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/08/1982

3a. Date of Last Report

04/13/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME REDDY, FREDERICK
STREET ADDRESS 508 W. MARTIN LUTHER KING JR BLVD., STE A
CITY-ST-ZIP TAMPA, FL 00000

☒ DELETE

TITLE TD
NAME CAMPBELL, SYLVIA M
STREET ADDRESS 217 S MATANZAS
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME AGLIANO, DENNIS M
STREET ADDRESS 4800 N HABANA AVE., SUITE 23
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME BJORNSTAD, BRAD M
STREET ADDRESS 12201 BRUCE B. DOWNS BLVD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D
NAME HABAL, MUTAZ M
STREET ADDRESS 801 W ML KING JR. BLVD
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

TITLE C
NAME BLANCO, JAMES
STREET ADDRESS 606 SOUTH BLVD
CITY-ST-ZIP TAMPA, FL 00000

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Yelverton, Robert
1.3 STREET ADDRESS 2818 W. Virginia Ave.
1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Menendez, Luis T
2.3 STREET ADDRESS 3011 Swann Avenue
2.4 CITY-ST-ZIP Tampa, FL 33609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 a 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(913) 253-0471

CR2E034 (12/95)