

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 11 1997 8:00am
Secretary of State

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 33606-2630

3. Date Incorporated or Qualified

01/08/1982

3a. Date of Last Report

04/16/1996

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

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

9. Name and Address of Current Registered Agent

BLANCO, JAMES
606 SOUTH BOULEVARD
TAMPA FL 33606

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
YELVERTON, ROBERT
2818 W. VIRGINIA AVE
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

TD
CAMPBELL, SYLVIA M
217 S MATANZAS
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
AGLIANO, DENNIS M
4600 N HABANA AVE., SUITE 23
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
MENENDEZ, LUIS T.
3011 SWANN AVENUE
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
HABAL, MUTAZ M
801 W ML KING JR. BLVD
TAMPA, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

C
BLANCO, JAMES
606 SOUTH BLVD
TAMPA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

300002266043
-08/13/97--01020--023
***385.00

300002266043
-08/13/97--01020--024
***165.00

14. I do 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 in an attachment with an address.

SIGNATURE

CR2E034 (9/96)