

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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

FILED
98 MAR -2 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCO, JAMES
606 SOUTH BOULEVARD
TAMPA FL 33606

Dennis Grogan, M.D.
12502 N. Pine Drive
Tampa, FL 33612

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002445983-2

83

84 City

03/03/98-01085-014

****150.00L ****150.00

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 fee applicable

(NOTE: Registered Agent signature required upon reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D XXX DELETE

NAME YELVERTON, ROBERT
STREET ADDRESS 2818 W. VIRGINIA AVE
CITY-ST-ZIP TAMPA FL

TITLE D XXX DELETE

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

TITLE D XXX DELETE

NAME MENENDEZ, LUIS T.
STREET ADDRESS 3011 SWANN AVENUE
CITY-ST-ZIP TAMPA FL

TITLE D XXX DELETE

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

TITLE C XXX DELETE

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

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

Robert W. Yelverton, M.D.
2818 W. Virginia Ave.
Tampa, FL 33607

DS

Luis Menendez, M.D.
3011 Swann Ave.
Tampa, FL 33609

D

Edward Homan, M.D.
13801 Bruce B. Downs Blvd., #404
Tampa, FL 33613

DS

Madelyn Butler, M.D.
2727 W.M.L.King Blvd. #640
Tampa, FL 33607

DT

Dennis Grogan, M.D.
12502 N. Pine Drive
Tampa, FL 33612

14. I 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 on an attachment with an address.

CR2E034 (10/97)