
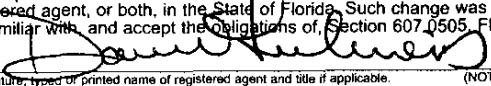


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F62596					
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		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2155354	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GROGAN, DENNIS MD 12502 N PINE DRIVE TAMPA FL 33612			10. Name and Address of New Registered Agent		
			81 Name David Lubin		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 2416 Cleveland Street		
			84 City Tampa FL 85 Zip Code 33609		
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  DATE 1/6/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME YELVERTON, ROBERT W MD					
1.3 STREET ADDRESS 2818 W. VIRGINIA AVE					
1.4 CITY-ST-ZIP TAMPA FL 33607					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME MENENDEZ, LUIS MD					
2.3 STREET ADDRESS 3011 SWANN AVE					
2.4 CITY-ST-ZIP TAMPA FL 33609					
3.1 TITLE <input checked="" type="checkbox"/> DELETE					
3.2 NAME HOMAN, HOWARD MD					
3.3 STREET ADDRESS 13801 BRUCE B DOWNS BLVD #404					
3.4 CITY-ST-ZIP TAMPA FL 33613					
4.1 TITLE <input checked="" type="checkbox"/> DELETE					
4.2 NAME BUTLER, MADELYN MD					
4.3 STREET ADDRESS 2727 WML KING BLVD #640					
4.4 CITY-ST-ZIP TAMPA FL 33607					
5.1 TITLE <input checked="" type="checkbox"/> DELETE					
5.2 NAME GROGAN, DENNIS MD					
5.3 STREET ADDRESS 12502 N PINE DRIVE					
5.4 CITY-ST-ZIP TAMPA FL 33612					
6.1 TITLE <input checked="" type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME President.					
1.3 STREET ADDRESS Luis Menendez, MD					
1.4 CITY-ST-ZIP 3011 Swann Avenue					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME President-Elect					
2.3 STREET ADDRESS Edward Homan, MD					
2.4 CITY-ST-ZIP 13801 Bruce B Downs Blvd., Suite 404					
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME Vice President					
3.3 STREET ADDRESS Michael Wasylik, MD					
3.4 CITY-ST-ZIP 2919 Swann Ave., Suite 201					
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME Secretary					
4.3 STREET ADDRESS Joel Silverfield, MD					
4.4 CITY-ST-ZIP 4700 N. Habana Avenue, Suite 201					
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME Treasurer					
5.3 STREET ADDRESS David Lubin, MD					
5.4 CITY-ST-ZIP 2416 Cleveland St, Tampa FL 33609					
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME Executive Director					
6.3 STREET ADDRESS Frederick Reddy, MD					
6.4 CITY-ST-ZIP 606 South Boulevard					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)