

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62596

1. Entity Name

MEDICAL ASSOCIATION SERVICES, INC.

Principal Place of Business

606 SOUTH BOULEVARD
TAMPA FL 33606

Mailing Address

606 SOUTH BOULEVARD
TAMPA FL 33606-2630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2155354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBIN, DAVID
2416 CLEVELAND ST
TAMPA FL 33608

Name

Debra Zorian

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

606 S. Boulevard

City

Tampa

FL

Zip Code
33606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Debbie Zorian DEBBIE ZORIAN - EXECUTIVE DIRECTOR 1-14-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back); ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENENDEZ, LUIS MD 3011 SWANN AVE TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOMAN, EDWARD MD 13801 BRUCE B DOWNS BLVD STE 404 TAMPA FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WASYLIK, MICHAEL MD 2919 SWANN AVE STE 201 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERFIELD, JOEL MD 4700 N. HABANA AVE STE 201 TAMPA FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUBIN, DAVID MD 2416 CLEVELAND ST TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, FREDERICK MD 606 S BLVD TAMPA FL 33606	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past President Luis Menendez, M.D. 3011 Swann Ave., Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Edward Homan, M.D. 13801 Bruce B. Downs Blvd. Ste 404 Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Michael Wasylik, M.D. 2919 Swann Ave., Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edward Farrior, M.D. 2908 Azeele St., Tampa, FL 33609-3110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David Lubin, M.D. 2416 Cleveland St., Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Debra Zorian 606 S. Boulevard, Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debbie Zorian DEBBIE ZORIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-00 (813) 253-0471

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90115 009 ***150.00