

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L05962

**FILED**  
**Jul 01, 2009**  
**Secretary of State****Entity Name:** MEDICAL ASSOCIATES OF DELRAY, P.A.**Current Principal Place of Business:**13590 JOG ROAD  
SUITE 4/5  
DELRAY BEACH, FL 33446**New Principal Place of Business:****Current Mailing Address:**13590 JOG ROAD  
SUITE 4/5  
DELRAY BEACH, FL 33446**New Mailing Address:****FEI Number:** 65-0128260**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GOMER, ALAN M  
5885 NW 42ND TERRACE  
BOCA RATON, FL 33496 US**Name and Address of New Registered Agent:**GOMER, ALAN M  
13590 JOG ROAD SUITE 4/5  
DELRAY BEACH, FL 33496 US

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: \_\_\_\_\_

07/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ZUKERBERG, BRUCE  
Address: 13590 JOG ROAD SUITE 4/5  
City-St-Zip: BOCA RATON, FL 33446

Title: VP ( ) Delete  
Name: GOMER, ALAN  
Address: 5885 NW 42ND TERRACE  
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ZUKERBERG, BRUCE  
Address: 13590 JOG ROAD SUITE 4/5  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: DTS (X) Change ( ) Addition  
Name: GOMER, ALAN  
Address: 13590 JOG ROAD SUITE 4/5  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VP ( ) Change (X) Addition  
Name: COHEN, MICHELLE D  
Address: 13590 JOG ROAD SUITE 4/5  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VP ( ) Change (X) Addition  
Name: CONDE, JOSE L  
Address: 13590 JOG ROAD SUITE 4/5  
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE ZUKERBERG

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date