

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05962

FILED
Jan 05, 2012
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
13590 JOG ROAD SUITE 4/5
DELRAY BEACH, FL 33496 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: VP
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 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 all other like empowered.

SIGNATURE: MICHELLE COHEN, M.D.

VP

01/05/2012

Electronic Signature of Signing Officer or Director

Date