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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15563

1. Corporation Name
REGIONAL ASSOCIATES, INC.

Principal Place of Business

1708 N FEDERAL HWY
LAKE WORTH FL 33460

Mailing Address

1708 N FEDERAL HWY
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

7805 S. Flagler Dr

West Palm Beach, FL

33405

USA

9. Name and Address of Current Registered Agent

D'ANGIO, ROBERT A., JR.
218 DATURA ST
WEST PALM BEACH FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME FEUER, DAVID D., D.D.S.

STREET ADDRESS 1708 N FEDERAL HWY

CITY-ST-ZIP LAKE WORTH FL

TITLE D DELETE

NAME ENDRUSCHAT, ALBERT J.DDS

STREET ADDRESS 1708 N FEDERAL HWY

CITY-ST-ZIP LAKE WORTH FL

TITLE D DELETE

NAME ADLER, MOSHE

STREET ADDRESS 1718 N FEDERAL HWY

CITY-ST-ZIP LAKE WORTH FL

TITLE TS DELETE

NAME DOBER, STANLEY M.D.

STREET ADDRESS 1718 N. FEDERAL HWY.

CITY-ST-ZIP LAKE WORTH FL

TITLE P DELETE

NAME MARCADIS, ISAAC M.D.

STREET ADDRESS 1718 N. FEDERAL HWY

CITY-ST-ZIP LAKE WORTH FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

ISAAC MARCADIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 (561) 5825494
Date Daytime Phone #

CR2E034 (11/98)