

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L35187 (8)

1. Corporation Name  
MEDICAL NATIONWIDE ASSOCIATES, CORP.



Principal Place of Business  
% ARNALDO S. KLUCZKOWSKI  
2101 W. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33309  
150 E. PALMETTO PK. RD.  
SUITE 210  
BOCA RATON, FL 33432

Mailing Address  
% ARNALDO S. KLUCZKOWSKI  
2101 W. COMMERCIAL BLVD - SUITE 5300  
FORT LAUDERDALE FL 33309  
US Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 150 E. Palmetto PK RD  
Suite, Apt. #, etc. 210  
City & State BOCA RATON, FL  
23 33432  
Country P. BEACH  
24 33432  
25 P. BEACH  
26 150 E. Palmetto PK RD  
27 210  
28 BOCA RATON, FL  
29 33432  
30 P. BEACH

3. Date Incorporated or Qualified  
01/01/1990  
4. FEI Number  
65-0160881  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
KLUCZKOWSKI, ARNALDO S.  
7251 MONTRICO DR  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name KLUCZKOWSKI, ARNALDO S.  
82 Street Address (P.O. Box Number is not acceptable)  
188 COCONUT PALM ROAD  
83  
84 City BOCA RATON FL 85 Zip Code 33432

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	KLUCZKOWSKI, ARNALDO S.
NAME	KLUCZKOWSKI, ARNALDO S.	1.2 NAME	
STREET ADDRESS	7251 MONTRICO DR	1.3 STREET ADDRESS	188 COCONUT PALM RD # -
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DVS	2.1 TITLE	KLUCZKOWSKI, JANE
NAME	KLUCZKOWSKI, JANE	2.2 NAME	
STREET ADDRESS	7151 MONTRICO DR	2.3 STREET ADDRESS	188 COCONUT PALM RD
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ A. KLUCZKOWSKI 02/09/98 (861) 368-8223

CR2E034 (10/97)