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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 8:00 am
Secretary of State

04-25-2001 90131 021 ****61.25

DOCUMENT # N00000008202

1. Entity Name

MEDICAL ALLIANCE SOCIETY OF AMERICA INC.

CA

Principal Place of Business	Mailing Address
2000 PALM BEACH LAKES BLVD., SUITE 777 WEST PALM BEACH FL 33409	2000 PALM BEACH LAKES BLVD., SUITE 777 WEST PALM BEACH FL 33409

[redacted]

DO NOT WRITE IN THIS SPACE

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: APPLIED FOR — ☐ 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
AINSLEY, ALAN 2000 PALM BEACH LAKES BLVD., SUITE 777 WEST PALM BEACH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ALAN AINSLEY 2000 PALM BEACH LAKES BLVD, #777 WEST PALM BEACH, FL 33409 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ALAN AINSLEY 2000 PALM BEACH LAKES BLVD, #777 WEST PALM BEACH, FL 33409 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY V. BISHINS 4548 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD R. POPICK 10201 SHELLA COURT WELLINGTON, FL 33414 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2EO37 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/19/01 561-683-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #