

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 10: 13

DOCUMENT # N14903 (1)
1. Corporation Name
MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
**%JAMES W. PEEPLES III
333 W COCOA BEACH CSWY
COCOA BEACH FL 32931**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1986** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-2462598** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **333 W. Cocoa Beach way** 26 **SAME**
22 **Suite A** 27 Suite, Apt. #, etc.
23 **Cocoa Beach Fla** 28 City & State
24 **32953** 25 **BREVARD** 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under c. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PEEPLES, JAMES W., III
505 NORTH ORLANDO AVE.
COCOA BEACH FL**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARTER, JAMES
STREET ADDRESS	333 W COCOA BEACH CSWY
CITY - ST - ZIP	COCOA BEACH FL
TITLE	VPD
NAME	MCLAUGHLIN, BERNARD
STREET ADDRESS	333 W COCOA BEACH CSWY
CITY - ST - ZIP	COCOA BEACH FL
TITLE	STD
NAME	HADDEN, EUGENE
STREET ADDRESS	333 W COCOA BEACH CSWY
CITY - ST - ZIP	COCOA BEACH FL
TITLE	D
NAME	MUSSELMAN, GLEN
STREET ADDRESS	333 W COCOA BEACH CSWY
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGE & TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date **6-7-95** Signature 1 (Rev. 8) **407-783-2292**

CR2E037 (3/95)