


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 333 N COCOA BEACH CSWY SUITE A COCOA BEACH FL 32953 US	Mailing Address 333 N. COCOA BEACH CSWY SUITE A COCOA BEACH FL 32953 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1986	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2462598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

PEEPLS, JAMES W., III
505 NORTH ORLANDO AVE.
COCOA BEACH FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JAMES	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, BERNARD	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HADDEN, EUGENE	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUSSELMAN, GLEN	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glen P Musselman	
1.3 STREET ADDRESS	333 Cocoa Beach Cswy	
1.4 CITY-ST-ZIP	Cocoa Beach FL	
2.1 TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent P Mammo	
2.3 STREET ADDRESS	Same address	
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tammy Mammo	
3.3 STREET ADDRESS	Same Address	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lisa Cosgrove	
4.3 STREET ADDRESS	Same Address	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 agent 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 _____ SIGNATURE REQUIRED _____ 8/15/97 407 783 3929

CF2E037 (4/97)