


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90291 050 ***150.00

DOCUMENT # P02000111026 1. Entity Name MEDICAL OFFICE ASSOCIATES, INC.	
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Principal Place of Business 27 SPRINGDALE ROAD LAKE WORTH, FL 33467	Mailing Address 27 SPRINGDALE ROAD LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0494049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTY, HYACIN R
27 SPRINGDALE ROAD
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 4/6/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYMOND, SUZANNE L 5521 S 38 COURT GREENACRES, FL 33463 <i>remove (P)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTY, HYACIN R 27 SPRINGDALE ROAD LAKE WORTH, FL 33467 <i>President (P)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: *[Signature]* DATE 4/6/04 DAYTIME PHONE # 8612024865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR