

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090249

FILED
Jan 31, 2007
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF CORAL SPRINGS, P.A.

Current Principal Place of Business:

P. O. BOX 812193
BOCA RATON, FL 33481

New Principal Place of Business:

5441 N UNIVERSITY DR.
SUITE 101
CORAL SPRINGS, FL 33067

Current Mailing Address:

P. O. BOX 812193
BOCA RATON, FL 33481

New Mailing Address:

P. O. BOX 812193
BOCA RATON, FL 33481

FEI Number: 20-1301363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAN B. COHN, ATTY. AT LAW
100 WEST CYPRESS CREEK RD
#700
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GINSBERG, STACIE
Address: P. O. BOX 812193
City-St-Zip: BOCA RATON, FL 33481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: GINSBERG, STACIE
Address: P. O. BOX 812193
City-St-Zip: BOCA RATON, FL 33481

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACIE GINSBERG

DR.

01/31/2007

Electronic Signature of Signing Officer or Director

Date