2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090249

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

FILED Jan 28, 2008 Secretary of State

Current Princip	al Pla	ce of Business:	New Principal Place of	New Principal Place of Business:		
5441 N UNIVERS SUITE 101 CORAL SPRING						
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
P. O. BOX 8121 BOCA RATON, F		481				
FEI Number: 20-130	01363	FEI Number Applied For () FEI Number Not Applicable()	Certificate of Status Desired ()		
Name and Addr	ess o	f Current Registered Agen	t: Name and Address of	Name and Address of New Registered Agent:		
ALAN B. COHN, 100 WEST CYPI #700 FT. LAUDERDAI	RESS	CREEK RD				
The above name in the State of Flo		ty submits this statement for	the purpose of changing its registered	office or registered agent, or both,		
SIGNATURE:						
_	Electi	onic Signature of Registered	d Agent	Date		
Election Campaign	Financ	cing Trust Fund Contribution ().				
OFFICERS AND	DIRE	ECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: DR. Name: GINS		() Delete STACIE	Title: (Name:) Change () Addition		

 Inte:
 DR.
 () Delete
 Inte:
 () Change () Addit

 Name:
 Address:
 P. O. BOX 812193
 Name:

 City-St-Zip:
 BOCA RATON, FL 33481
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. 01/28/2008