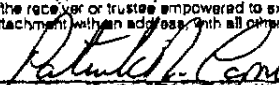


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000007488		
1. Entity Name MEDICAL ARTS SERVICES, INC.		
Principal Place of Business 14003-A N DALE MABRY HWY TAMPA, FL 33618 US		Mailing Address PO BOX 271809 TAMPA, FL 33688-1809 US
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3153642		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PATRICK N. CAPRI 14003-A N DALE MABRY HWY TAMPA, FL 33618		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAPRI, PATRICK N 14003-A N DALE MABRY HWY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAPRI, ARACELI 14003-A N DALE MABRY HWY TAMPA, FL 33618	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone