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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 20 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012969 (1)

1. Corporation Name

MEDICAL LEASE ASSOCIATES, INC.

Principal Place of Business

10630 WILES RD
CORAL SPRINGS FL 33076
US

Mailing Address

10630 WILES RD
CORAL SPRINGS FL 33076
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0375476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 9210 NW 18th St

2a. Mailing Address

25 9210 NW 18th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Coral Springs, FL

27 City & State

Coral Springs, FL

24 Zip

33071

25 Country

USA

29 Zip

33071

30 Country

USA

9. Name and Address of Current Registered Agent

KENDRICKS, LINDA
10630 WILES RD
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	EASLER, JANE	421 DUQUESNE DR.	PITTSBURGH PA
VPD	EASLER, LINDA	8810 NW 18TH ST	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Easter* Linda Easter 2-15-95 (305)344-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #