

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 25 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000014347 (8)**

1. Corporation Name

**FLORIDA MEDICAL QUALITY ASSURANCE, INC.**

Principal Place of Business

Mailing Address

**4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
TAMPA FL 33607**

**4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> 12/28/1992 <b>4. FEI Number</b> 59-3155017 Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BARNETT, JENNIFER  
4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
TAMPA FL 33607**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, JENNIFER	1.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELZAWAHRY, KAMEL	2.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTAVIANI, ANTHONY	3.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEP, KATHY	4.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, TERRELL H	5.2 NAME	
STREET ADDRESS	ONE PERIMETER PARK SOUTH, STE. 200N	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKAR, FUAD	6.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W. SHORE PL. 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	6.4 CITY-ST-ZIP	
TITLE	VC	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKAR, FUAD	7.2 NAME	
STREET ADDRESS	4350 W. CYPRESS ST., W. SHORE PL. 1	7.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	7.4 CITY-ST-ZIP	

**14. 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 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:

*Barnett*

2/9/98

CR2E034 (10/97)