FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

MEDICAL CORPORATION OF AMERICA

MEDICAL CORPORATION OF AMERICA							
Principa! Place o	Principal Place of Business		\$S			14 14211 #2111 #311\$ Beift (#1) 188	
5801 SW 37TH TERR FT LAUD FL 33312 US 2. Principal Place of Business 21		PO BOX 491337 FT. LAUD FL 33349-1337 US					
				3. Date incorporated or Qualified 3a. Date of Last 05/01/		ate of Last Report 05/01/1995	
		2a. Mailing Ad	dress	4. FEI Number 65-0394037		Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt	#, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & Stal	le:	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for a Florida Statutes X Yes		tax under s. 199.032,	

Ҳ Yes 🗌 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION INFORMATION SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 83 City Zip Code 85

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	DELFTE	1 1 TIFLE	Change Addition
NAME	FINKELSTEIN, WENDY		1.2 NAME	
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STREET ADDRESS			6.3 STREET ADDRESS	
CiTY-ST-7iP			EARITY OF 710	

6.4 City -ST-ZIP

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 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplieriental 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 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:

Wendy SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)