

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000037581 (4)

1. Corporation Name

CERTIFIED MEDICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

18540 S.E. HERITAGE DRIVE
TEQUESTA FL 33469
US

18540 S.E. HERITAGE DRIVE
TEQUESTA FL 33469
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/24/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0425611	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWSHAM, PETER G
18540 S.E. HERITAGE DRIVE
TEQUESTA FL 33469

81 Name	Mary P. Eagan Newsham
82 Street Address (P.O. Box Number is Not Acceptable)	18540 S.E. Heritage Dr.
83	
84 City	Tequesta
85 Zip Code	FL 33469

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 *Peter G. Newsham* *Mary P. Eagan Newsham* 2/23/98 Jan 23, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	P NEWSHAM, PETER G 18540 S.E. HERITAGE DRIVE TEQUESTA FL 33469	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	T EAGAN, MARY P 18540 S.E. HERITAGE DRIVE TEQUESTA FL 33469	13 STREET ADDRESS	
<input type="checkbox"/> DELETE		14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		21 TITLE	
<input type="checkbox"/> DELETE		22 NAME	
<input type="checkbox"/> DELETE		23 STREET ADDRESS	
<input type="checkbox"/> DELETE		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		31 TITLE	
<input type="checkbox"/> DELETE		32 NAME	
<input type="checkbox"/> DELETE		33 STREET ADDRESS	
<input type="checkbox"/> DELETE		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		41 TITLE	
<input type="checkbox"/> DELETE		42 NAME	
<input type="checkbox"/> DELETE		43 STREET ADDRESS	
<input type="checkbox"/> DELETE		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		51 TITLE	
<input type="checkbox"/> DELETE		52 NAME	
<input type="checkbox"/> DELETE		53 STREET ADDRESS	
<input type="checkbox"/> DELETE		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		61 TITLE	
<input type="checkbox"/> DELETE		62 NAME	
<input type="checkbox"/> DELETE		63 STREET ADDRESS	
<input type="checkbox"/> DELETE		64 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: *M. Patricia Eagan* 1/23/98 5101-745-9906

CR2E034 (10/97)