FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000038395 (6)

1. Corporation Name

MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
5503 S CONGRESS AVE SUITE 206 ATLANTIS FL 33462	5503 S CONGRESS AVE SUITE 206 ATLANTIS FL 33462

3. Date Incorporated or Qualified: 05/15/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 65-0580501 ☐ 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

9. Name and Address of Current Registered Agent

COHEN, JAY
5503 S CONGRESS AVE
SUITE 206
ATLANTIS FL 33462

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 (Certified Registered Agent signature required when reinstating) DATE ___

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COHEN, JAY	
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	☐ DELETE
NAME	KRASNER, STEPHEN	
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	☐ DELETE
NAME	LYSAKER, EARL	
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	☐ DELETE
NAME	TOME, ROBERT	
STREET ADDRESS	1490 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	☐ DELETE
NAME	WEINER, ERIC	
STREET ADDRESS	3199 LAKE WORTH RD SUITE B-2	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/D	☒ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	☒ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	SMITH, FRED R.	
6.3 STREET ADDRESS	5503 S. CONGRESS AVE SUITE 206.	
6.4 CITY-ST-ZIP	ATLANTIS FL 33462	

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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 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: [signature] JAY L. Cohen, President 4/17/96 (407) 964-8221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)