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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33462-6614

3. Date Incorporated or Qualified: 05/15/1995
3a. Date of Last Report: 05/01/1996

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

2a. Mailing Address
26: 5700 LAKE WORTH RD.
Suite, Apt. #, etc.
27: SUITE 204
City & State
28: LAKE WORTH FL
Zip 29: FL 33463 / Country 30: USA

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 (Type or print 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, JAY		1.2 NAME		
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	KRASNER, STEPHEN		2.2 NAME		
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LYSAKER, EARL		3.2 NAME		
STREET ADDRESS	5503 S CONGRESS AVE SUITE 206		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	TOME, ROBERT		4.2 NAME		
STREET ADDRESS	1490 FOREST HILL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEINER, ERIC		5.2 NAME		
STREET ADDRESS	3199 LAKE WORTH RD SUITE B-2		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	M	☒ Change ☐ Addition
NAME	SMITH, FRED R		6.2 NAME		
STREET ADDRESS	5503 S CONGRESS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 3/13/97 5619687968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326869