

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038395 (6)**  
1. Corporation Name  
**MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.**



Principal Place of Business <b>5503 S CONGRESS AVE SUITE 206 ATLANTIS FL 33462</b>	Mailing Address <b>5700 LAKE WORTH RD 204 LAKE WORTH FL 33463 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5700 LAKE WORTH RD</b> Suite, Apt. #, etc. <b>22 SUITE 204</b> City & State <b>23 LAKE WORTH FL</b> Zip <b>24 33463</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>05/15/1995</b>	
		4. FEI Number <b>65-0580501</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. 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

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

10. Name and Address of New Registered Agent

81 Name	<b>SMITH, FRED R.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5503 S CONGRESS AVE</b>
83	<b>SUITE 206</b>
84 City	<b>ATLANTIS</b>
85	<b>FL</b>
Zip Code	<b>33462</b>

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>5503 S CONGRESS AVE SUITE 206</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIS FL 33462</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRASNER, STEPHEN</b>	2.2 NAME	
STREET ADDRESS	<b>5503 S CONGRESS AVE SUITE 206</b>	2.3 STREET ADDRESS	<b>5503 S CONGRESS AVE SUITE 103</b>
CITY-ST-ZIP	<b>ATLANTIS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYSAKER, EARL</b>	3.2 NAME	
STREET ADDRESS	<b>5503 S CONGRESS AVE SUITE 206</b>	3.3 STREET ADDRESS	<b>5503 S CONGRESS AVE SUITE 205</b>
CITY-ST-ZIP	<b>ATLANTIS FL 33462</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOME, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>1490 FOREST HILL BLVD</b>	4.3 STREET ADDRESS	<b>PD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, ERIC</b>	5.2 NAME	
STREET ADDRESS	<b>3199 LAKE WORTH RD SUITE B-2</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	5.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FRED R</b>	6.2 NAME	
STREET ADDRESS	<b>5503 S CONGRESS AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIS FL</b>	6.4 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:

*[Signature]*

**4/28/98**

**561 968 7168**

CR2E034 (10/97)