

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 # P95000044230 (7)

1. Corporation Name

MEDICAL NETWORK ALLIANCE, P.A.



Principal Place of Business

Mailing Address

4014 NW 73RD AVENUE  
CORAL SPRINGS FL 33065

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CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1432 Wiles Road

4. FEI Number

65-0585542

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 33067

30

Broward

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

10. Name and Address of New Registered Agent

TELMOSSE, JOANNE  
4014 NW 73RD AVENUE  
CORAL SPRINGS FL 33065

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	D	<input type="checkbox"/> DELETE
12.2	NAME	TYSON, RICHARD MD	
12.3	STREET ADDRESS	9660 W. SAMPLE ROAD THIRD FLOOR	
12.4	CITY-ST-ZIP	CORAL SPRINGS FL 33065	
12.5	TITLE		<input type="checkbox"/> DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY-ST-ZIP		
12.9	TITLE		<input type="checkbox"/> DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-ST-ZIP		
12.13	TITLE		<input type="checkbox"/> DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-ST-ZIP		
12.17	TITLE		<input type="checkbox"/> DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-ST-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-ST-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-ST-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-ST-ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	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 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

Daytime Phone #

CR2E034 (12/95)