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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000070481 (2)

1. Corporation Name
MEDICAL SPECIALTIES BOARD, INC.

Principal Place of Business
8780 SW 92ND STREET
SUITE 210
MIAMI FL 33176

Mailing Address
8780 SW 92ND STREET
SUITE 210
MIAMI FL 33176-2457



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1996		3a. Date of Last Report	
21	9275 SW 152 nd ST.	26	9275 SW 152 nd ST.	4. FEI Number 65-0689498		Applied For Not Applicable	
22	SUITE 103	27	SUITE 103	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	MIAMI FL.	28	MIAMI FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33157	29	Zip 33157	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country USA	30	Country USA	10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				81 Name SAKOFF MARC H			
SAKOFF, MARC H 8780 SW 92ND STREET SUITE 210 MIAMI FL 33176				82 Street Address (P.O. Box Number is Not Acceptable) 9275 SW 152 nd STREET			
				83 SUITE 103			
				84 City MIAMI FL. 33157 FL 85 Zip Code 33157			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKOFF, MARC H	1.2 NAME	
STREET ADDRESS	8780 SW 92ND STREET, #210	1.3 STREET ADDRESS	9275 SW 152 nd STREET
CITY - ST - ZIP	MIAMI FL 33176	1.4 CITY - ST - ZIP	MIAMI FL. 33157
TITLE	PSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, IRA M	2.2 NAME	
STREET ADDRESS	8780 SW 92ND STREET, #210	2.3 STREET ADDRESS	9275 SW 152 nd STREET
CITY - ST - ZIP	MIAMI FL 33176	2.4 CITY - ST - ZIP	MIAMI FL 33157
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ 4/20/97 305-233 6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0240672

CR2E034 (9/96)