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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED

90 FEB 16 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007513 (9)

1. Corporation Name

~~INVENTION MARKETING ASSOCIATES, INC.~~

Medical Assets Corporation

Principal Place of Business

20125 N.E. 16TH PLACE
MIAMI FL 33179

Mailing Address

20125 N.E. 16TH PLACE
MIAMI FL 33179

2. Principal Place of Business

21 20101 NE 16 PLACE

Suite, Apt. #, etc. Suite 200

22 City & State MIAMI, FL

23 Zip 33179 Country USA

24 33179 25 USA

2a. Mailing Address

26 20101 NE 16 PLACE

Suite, Apt. #, etc. Suite 200

27 City & State MIAMI, FL

28 Zip 33179 Country USA

29 33179 30 USA

9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

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, if not applicable

Printed Registered Agent's name, if not applicable

12. OFFICERS AND DIRECTORS

TITLE D

NAME HOFFMAN, STEVEN H

STREET ADDRESS 20125 N.E. 16TH PLACE

CITY-ST-ZIP MIAMI FL 33179

TITLE D

NAME COCHRAN, KEVIN

STREET ADDRESS 20125 N.E. 16TH PLACE

CITY-ST-ZIP MIAMI FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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(4)(b), 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, typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-0729023

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owns, or has paid the current year Intangible,
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name STEVEN H. HOFFMAN

82 Street Address 20101 NE 16 PLACE

83 Suite 200

84 City MIAMI

FL 33179

85 Zip Code 33179

86 City MIAMI

87 State FL

88 Zip Code 33179

89 City MIAMI

90 State FL

91 Zip Code 33179

92 City MIAMI

93 State FL

94 Zip Code 33179

95 City MIAMI

96 State FL

97 Zip Code 33179

98 City MIAMI

99 State FL

100 Zip Code 33179

101 City MIAMI

102 State FL

103 Zip Code 33179

104 City MIAMI

105 State FL

106 Zip Code 33179

107 City MIAMI

108 State FL

109 Zip Code 33179

110 City MIAMI

111 State FL

112 Zip Code 33179

113 City MIAMI

114 State FL

115 Zip Code 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME STEVEN HOFFMAN

12 STREET ADDRESS 20101 NE 16 PLACE, Suite 200

13 CITY-ST-ZIP MIAMI, FL 33179

14 CITY-ST-ZIP MIAMI, FL 33179

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2/12/99 305-770-2616