

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # **P97000029903 (6)**

1. Corporation Name
MEDICAL ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

**1377 TREETOP DRIVE
PALM HARBOR FL 34683**

Mailing Address

**1377 TREETOP DRIVE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

59-3445814

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 4710 EISENHOWER BLVD

Suite, Apt. #, etc.

22 SUITE B-10

City & State

23 TAMPA, FL 33634

Zip

Country

24 33634

25 USA

2a. Mailing Address

26 4710 EISENHOWER BLVD.

Suite, Apt. #, etc.

27 SUITE B-10

City & State

28 TAMPA, FL 33634

Zip

Country

29 33634

30 USA

9. Name and Address of Current Registered Agent

**THIEMANN, HENRY R
1377 TREETOP DRIVE
PALM HARBOR FL 34683**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **THIEMANN, HENRY R**
STREET ADDRESS **1377 TREETOP DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **CHAIRMAN**
1.3 STREET ADDRESS **JACK A. MCLEOD**
1.4 CITY-ST-ZIP **4317 CAUGHLIN PKWY.
RENO, NV 89509**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **GUY LEPINE**
2.3 STREET ADDRESS **PRESIDENT - DIRECTOR**
2.4 CITY-ST-ZIP **7407 BONAVENTURE DR.
TAMPA, FL 33607**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SECRETARY - DIRECTOR**
3.3 STREET ADDRESS **ROSS A. FLEISCHMANN**
3.4 CITY-ST-ZIP **3609 FLOYD ROAD
TAMPA, FL 33618**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TREASURER - DIRECTOR**
4.3 STREET ADDRESS **TERRY L. KORS**
4.4 CITY-ST-ZIP **3304 LATANIA DR.
TAMPA, FL 33618**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **MANAGING DIRECTOR**
5.3 STREET ADDRESS **HENRY R. THIEMANN**
5.4 CITY-ST-ZIP **1377 TREETOP DR.
PALM HARBOR, FL 34683**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Henry R. Thiemann

HENRY R. THIEMANN

2/23/98

813-880-0888

CP2E034 (10/97)