


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90227 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000029903 ✓					
1. Corporation Name MEDICAL Associates International, Inc.					
Principal Place of Business 3609 FLOYD Road TAMPA FL 33618			Mailing Address 3609 FLOYD Road TAMPA FL 33618		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3609 FLOYD Road		26 3609 FLOYD Road		04/02/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3445814	
City & State 23 TAMPA FL		City & State 28 TAMPA FL		Applied For	
Zip 24 33618		Zip 29 33618		Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		<input type="checkbox"/> \$8.75 Additional Fee Required	
HENRY R. THIEMANN 1377 TREETOP DRIVE PALM HARBOR FL		81 Name ROSS A. FLEISCHMANN 82 Street Address (P.O. Box Number is Not Acceptable) 3609 FLOYD Road 83 84 City TAMPA FL 85 Zip Code 33618		<input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Ross A. Fleischmann Ross A. Fleischmann 04/26/99					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P, D					
1.2 NAME JACK A. McLeod					
1.3 STREET ADDRESS 4713 CAUGHLIN PKWY					
1.4 CITY-ST-ZIP RENO NV 89509					
2.1 TITLE V, S, T, D					
2.2 NAME ROSS A. FLEISCHMANN					
2.3 STREET ADDRESS 3609 FLOYD Road					
2.4 CITY-ST-ZIP TAMPA FL 33618					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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, with all other like empowered.

SIGNATURE: Ross A. Fleischmann 04/26/99 813 9331943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #  
ROSS A. FLEISCHMANN