

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

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Feb 14 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 # S17605 (4)

1. Corporation Name
MEDICAL BUILDERS OF AMERICA, INC.

Principal Place of Business
11382 PROSPERITY FARMS RD.
SUITE 130
PALM BEACH GARDENS FL 33410

Mailing Address
11382 PROSPERITY FARMS RD.
SUITE 130
PALM BEACH GARDENS FL 33410-3484



| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 12/11/1990 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 65-0284647 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

9. Name and Address of Current Registered Agent

COX, JACK S.
4400 PGA BLVD
SUITE 201
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, MICHAEL J. | 1.2 NAME | |
| STREET ADDRESS | 11382 PROSPERITY FARMS | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BCH GARDENS FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LASKOWSKI, TIMOTHY | 2.2 NAME | |
| STREET ADDRESS | 9050 WOODLARK TERR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAMILA, DAVID W | 3.2 NAME | |
| STREET ADDRESS | 11962 SE TIFFANY WAY | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TEQUESTA FL 33469 | 3.4 CITY - ST - ZIP | |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICCI, DONALD | 4.2 NAME | |
| STREET ADDRESS | 5926 SE RIVERBOAT DR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART, FL 33997 | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)