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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S17605

(4)

MEDICAL BUILDERS OF AMERICA, INC.

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

FILED Mar 16 1998 8:00am Secretary of State



11382 PROSPERITY FARMS **SUITE 130** DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 3. Date Incorporated or Qualified 12/11/1990 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 21 65-0284647 Not Applicable 26 Suito, Apt. #. etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 24 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COX, JACK S. 4400 PGA BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 PALM BEACH GARDENS FL 33410 84 City 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 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITEF TITLE ANDERSON, MICHAEL J. NAME 1.2 NAME 11382 PROSPERITY FARMS STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition ۷P 21 TITLE TITLE RICCI, DONALD NAME 2.2 NAME 187 INTRACOASTAL CIRCLE STREET ADDRESS 5926 SE RIVERBOAT DR 2.3 STREET ADDRESS STUART FL TEQUESTA, FL 38469 CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change TITLE 3 1 TATLE Addition TAMILA, DAVID W NAME 3.2 NAME 11962 SE TIFFANY WAY STREET ADDRESS 3.3 STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE PAUL HINSON NAME 4. 2 NAME 1407 GLENBROOK RD. STREET ADDRESS 4.3 STREET ADDRESS LOUISVILLE, KY 40223 4.4 CITY-S1-ZIP CITY - \$1 - 71P DELETE TITLE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 HILE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CITY-SY-ZIP

14. Thereby cortify 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 account 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 13 if changed to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed to the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CFO

SIGNATURE: