

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90091 010 \*\*\*150.00

**DOCUMENT # S17605**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1990

4. FEI Number

65-0284647

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

☐ DELETE

TITLE DP  
NAME ANDERSON, MICHAEL J.  
STREET ADDRESS 11382 PROSPERITY FARMS  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE VP  
NAME RICCI, DONALD  
STREET ADDRESS 137 INTRACOASTAL CIR  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE TD  
NAME TAMILA, DAVID W  
STREET ADDRESS 11962 SE TIFFANY WAY  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE VP  
NAME HINSON, PAUL  
STREET ADDRESS 1407 GLENBROOK RD  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE V  
1.2 NAME Edwin Leland  
1.3 STREET ADDRESS 4835 Bimini Road  
1.4 CITY-ST-ZIP Tequesta, FL 33469

2.1 TITLE Sr. V  
2.2 NAME Rick Anderson  
2.3 STREET ADDRESS 840 Buttonwood Road  
2.4 CITY-ST-ZIP North Palm Beach, FL 33410

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED** Michael J. Anderson 3/23/99 561-627-4744

Date

Daytime Phone #

0328382

CR2E034 (11/98)