

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 023 ***150.00

DOCUMENT # 287763

1. Entity Name
MEDICAL ARTS CENTER INC

Principal Place of Business Mailing Address
C O JACOB REAL ESTATE SERVICE INC **C O JACOB REAL ESTATE SERVICE INC**
1200 W PLATT ST STE 204 **PO BOX 14400**
TAMPA FL 33606 **TAMPA FL 33690-4400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o Jacob Real Estate Services, Inc. **c/o Jacob Real Estate Services, Inc.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1200 W. Platt St, Suite 204 **Post Office Box 14400**

City & State City & State
Tampa FL **Tampa FL**

Zip Country Zip Country
33606 **US** **33690** **US**

4. FEI Number Applied For
59-1195678 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACOB & ROBRETS COMPANY INC.
1200 WEST PLATT STREET
SUITE 204
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name: **James C. Jacob**
Jacob Real Estate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1200 W Platt St
Suite 204
 City State Zip Code
Tampa **FL** **33606**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JOSE JR MD 4600 N HABANA AVE, #8 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORTRIGHT, LUIS E. MD 4600 N HABANA AVE, #6 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, LAWRENCE S. M 4600 N HABANA AVE, #35 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOMINGUEZ, JOSE JR MD 3645 MADACA LANE TAMPA FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KORTRIGHT, LUIS E. MD 4600 N HABANA AVE #6 TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, LAWRENCE S. MD 4600 N HABANA AVE #35 TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAEDICKE, GEORGE MD 4600 N HABANA AVE #22 TAMPA FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, JOSE SR MD 4600 N HABANA AVE, #20 TAMPA FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/24/00** Daytime Phone #: **813-258-3200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)