


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 287763
 1. Entity Name
MEDICAL ARTS CENTER INC



Principal Place of Business
**4600 N. HABANA AVE.
 TAMPA, FL 33614**

Mailing Address
**C/O JACOB REAL ESTATE SERVICES, INC.
 P.O. BOX 2757
 TAMPA, FL 33601-2157**

U00000476837
 04/06/06-80027-017 150.00



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1195678 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JACOB REAL ESTATE SERVICES, INC.
 C/O JAMES C. JACOB
 1200 WEST PLATT STREET, STE. 204
 TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DOMINGUEZ, JOSE JR MD 6345 MADACA LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAALER, MARK DR. 3003 DR. MARTIN LUTHER KING BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAEDICKE, GEORGE MD 4600 N HABANA AVENUE #22 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, JOSE SR MD 4600 N HABANA AVE, #20 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVER, LEOPOLDO DR. 4600 N. HABANA #29 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/17/06 813-258-3200
 _____ Date Daytime Phone #