

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 PM 12:17

DOCUMENT # N00253 (7)
1. Corporation Name
4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**4710 N. HABANA AVE.
TAMPA FL 33614**

Mailing Address
**4710 N. HABANA AVE.
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1983

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2388081

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
20

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**DYKES, WALTER
4710 N. HABANA AVE
TAMPA FL 33614**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
PD

NAME
ALONSO, MIGUEL

STREET ADDRESS
4710 N. HABANA AVENUE

CITY-ST-ZIP
TAMPA FL 33614

TITLE
SD

NAME
SOKOL, GERALD

STREET ADDRESS
4710 N. HABANA AVENUE

CITY-ST-ZIP
TAMPA FL

TITLE
VD

NAME
MCILWAIN, JAMES

STREET ADDRESS
4710 N HABANA AVE

CITY-ST-ZIP
TAMPA FL

TITLE
TD

NAME
LEWIS, RICHARD

STREET ADDRESS
4710 N. HABANA AVENUE

CITY-ST-ZIP
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
TD

1.2 NAME
ALONSO, MIGUEL

1.3 STREET ADDRESS
4710 N HABANA AVE

1.4 CITY-ST-ZIP
TAMPA, FL 33614

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
PD

4.2 NAME
LEWIS, RICHARD

4.3 STREET ADDRESS
4710 N HABANA AVE

4.4 CITY-ST-ZIP
TAMPA, FL 33614

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Lewis

RICHARD LEWIS MD

01/19/95

813-872-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #