2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00253

FILED Apr 15, 2011 Secretary of State

Entity Name: 4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4710 N. HABANA AVE. TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4710 N. HABANA AVE. TAMPA, FL 33614

FEI Number: 59-2388081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: FORADADA, JOSE R DR Address: 4710 N. HABANA AVE # 307

City-St-Zip: TAMPA, FL 33614

Title: PD

 Name:
 MASTANDREA, FRANK G

 Address:
 4710 N HABANA AVE #400

 City-St-Zip:
 TAMPA, FL 33614

Title: SD

 Name:
 GRECO OD, JAMES L

 Address:
 4710 N HABANA AVE #204

 City-St-Zip:
 TAMPA, FL 33614

Title: VD

Name: ZIMMER, SUSAN Address: 4710 N HABANN AVE City-St-Zip: TAMPA, FL 33614

Title:

 Name:
 WALTER, DYKES

 Address:
 4710 N HABANN AVE 101

 City-St-Zip:
 TAMPA, FL 33614

Title: [

 Name:
 MASTANDREA, FRANK G

 Address:
 4710 N. HABANA AVE # 400

 City-St-Zip:
 TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER ANGELO FOR JOSE FORADADA MGR 04/15/2011