

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00253

Entity Name: 4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4710 N. HABANA AVE.
TAMPA, FL 33614**Current Mailing Address:**305 S MACDILL AVE
TAMPA, FL 33609 US**FEI Number:** 59-2388081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASTANDREA, FRANK DR.
4710 N. HABANA AVE
SUITE 400
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:** FRANK MASTANDREA

04/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MASTANDREA, FRANK G
Address 4710 N HABANA AVE #400
City-State-Zip: TAMPA FL 33614

Title SD
Name GRECO OD, JAMES L
Address 4710 N HABANA AVE #204
City-State-Zip: TAMPA FL 33614

Title VD
Name PEDREGAL MD, ARTHUR J DR.
Address 4710 N HABANA AVE
SUITE 303
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name FORADADA, JOSE DR.
Address 4710 N. HABANA AVE.
SUITE 307
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name CASTELVI, ALINA
Address 4710 N. HABANA AVE.
SUITE 307
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name FORADADA, JOSE DR.
Address 4710 N. HABANA AVE.
SUITE 307
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name CASTELVI, ALINA
Address 4710 N. HABANA AVE.
SUITE 307
City-State-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: FRANK MASTANDREA

PD

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date