

2015 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:**DYKES, WALTER
4710 N. HABANA AVE
SUITE 101
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

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 | D |
| Name | WALTER, DYKES |
| Address | 4710 N HABANN AVE 101 |
| City-State-Zip: | TAMPA FL 33614 |

| | |
|-----------------|---------------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | MASTANDREA, FRANK G DR. |
| Address | 4710 N. HABANA AVE SUITE 400 |
| 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 |

Continues on page 2

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

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CASTELVI, ALINA
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