

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 287763

**Entity Name:** MEDICAL ARTS CENTER INC

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-1195678

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST,INC.  
C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 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:** ANNETTE BYRD

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VAALER, MARK  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            BAUMGARTEN, JIMMY  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER, SECRETARY  
Name            SEIFRIED, SARA  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK VAALER

PRESIDENT

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date