

2023 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

04/25/2023

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: VAALER , MARK

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date