

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 287763

Entity Name: MEDICAL ARTS CENTER INC

Current Principal Place of Business:

9887 4TH ST N #301
ST PETERSBURG, FL 33702

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
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.
9887 4TH STREET NORTH
SUITE 301
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: MICHAEL FLEMING

03/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VAALER, MARK
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name BAUMGARTNER, JIMMY DR
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name GUI, KIM DR
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name MCLAUGHLIN, TERRY
Address 9887 FOURTH STREET NORTH
 SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name LUTTON, LORRAINE DR
Address 9887 FOURTH STREET NORTH
 SUITE 301
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

03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date