

2019 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:**C/O ASSOCIA GULF COAST
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:** JOHN HENSLEY

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VAALE, MARK
Address	C/O ASSOCIA GULF COAST 9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	SECRETARY
Name	BAUMGARTEN, JIMMY
Address	C/O ASSOCIA GULF COAST 9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	TREASURER, SECRETARY
Name	SEIFRIED, SARA
Address	C/O ASSOCIA GULF COAST 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 VAALE

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date