2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 045 ***150.00

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # 287763

1. Entity Name
MEDICAL ARTS CENTER INC

Principal Place of Business
4600 N. HABANA AVE.
TAMPA, FL 33614

Mailing Address
C/O JACOB REAL ESTATE SERVICES, INC.
P.O. BOX 2757
TAMPA, FL 33601-2157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number
59-1195678
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOB REAL ESTATE SERVICES, INC.
C/O JAMES C. JACOB
1200 WEST PLATT STREET, STE. 204
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Jacob Real Estate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
607 W. Bay St.

Tampa, Fl 33606

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James C. Jacob, CCIM 1/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOMINGUEZ, JOSE JR MD	NAME	
STREET ADDRESS	6345 MADACA LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAALER, MARK DR.	NAME	
STREET ADDRESS	3003 DR. MARTIN LUTHER KING BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAEDICKE, GEORGE MD	NAME	
STREET ADDRESS	4600 N HABANA AVENUE #22	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOMINGUEZ, JOSE SR MD	NAME	
STREET ADDRESS	4600 N HABANA AVE, #20	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	GRAVER, LEOPOLDO DR.	NAME	Coto, Humberto, Dr.
STREET ADDRESS	4600 N. HABANA #29	STREET ADDRESS	4600 N.Habana Ave #4
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	Tampa, Fl 33614
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption(s) contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attached sheet, with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #