

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 287763

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MEDICAL ARTS CENTER INC

## Current Principal Place of Business:

4600 N. HABANA AVE.  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

C/O JACOB REAL ESTATE SERVICES, INC.  
P.O. BOX 2757  
TAMPA, FL 336012157

## New Mailing Address:

FEI Number: 59-1195678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOB REAL ESTATE SERVICES, INC.  
C/O JAMES C. JACOB  
607 W BAY ST  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: DOMINGUEZ, JOSE JR MD  
Address: 6345 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete  
Name: VAALER, MARK DR  
Address: 3003 DR. MARTIN LUTHER KING BLVD  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: GRAUER, LEOPOLDO MD  
Address: 4600 N. HABANA AVE., STE. 29  
City-St-Zip: TAMPA, FL 33614

Title: P ( ) Delete  
Name: DOMINGUEZ, JOSE SR MD  
Address: 4600 N HABANA AVE, #20  
City-St-Zip: TAMPA, FL 33614

Title: P ( ) Delete  
Name: COTO, HUMBERTO DR  
Address: 4600 N HABANA AVE #4  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES C. JACOB

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date