

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 287763

FILED
Apr 13, 2010
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
Name: DOMINGUEZ, JOSE JR MD
Address: 6345 MADACA LANE
City-St-Zip: TAMPA, FL 33618

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

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

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

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

Title: D
Name: GARGASZ, SCOTT DR
Address: 13601 BRUCE B. DOWNS BLVD., STE. #25
City-St-Zip: TAMPA, FL 33613

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: JAMES C. JACOB

MGR

04/13/2010

Electronic Signature of Signing Officer or Director

Date