


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 521638 1. Entity Name WINTER GARDEN MEDICAL ARTS BUILDING, INC.	
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Principal Place of Business 444 NO DILLARD WINTER GARDEN, FL 34787-2817 US	Mailing Address 444 NO DILLARD WINTER GARDEN, FL 34787-2817 US
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1708541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, CATHRYN M.
444 N. DILLARD ST.
WINTER GARDEN, FL 34787

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADFORD, VIRGINIA A. 444 N. DILLARD ST. WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, CATHRYN M. 398 N. LAKEVIEW WINTER GARDEN FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWEN, CATHRYN M. 398 N. LAKEVIEW WINTER GARDEN FL,
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathryn M. Bowen Cathryn M. Bowen 1/20/06 7-656-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #