


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 521638 1. Entity Name WINTER GARDEN MEDICAL ARTS BUILDING, INC.	
---	---

Principal Place of Business 444 NO DILLARD WINTER GARDEN, FL 34787-2817 US	Mailing Address 444 NO DILLARD WINTER GARDEN, FL 34787-2817 US
--	--



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000784304
01/16/08-80051-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathryn M. Bowen 01/06/08 407-656-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CATHRYN M BOWEN