


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729773**

1. Entity Name  
MEDICAL ARTS CENTER OF ORANGE PARK  
ASSOCIATION, INC.



Principal Place of Business      Mailing Address

2140 KINGSLEY AVE      2140 KINGSLEY AVE  
SUITE 7      SUITE 7  
ORANGE PARK, FL 32073      ORANGE PARK, FL 32073



04052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1877176      Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EFRON, BARRY  
2140 KINGSLEY AVENUE  
SUITE 12  
ORANGE PARK, FL 32073

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 EFRON, BARRY 2140 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELEMENT, BETTY 2140 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEVETZ, EDWARD JR 2140 KINGSLEY AVENUE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, DONNIE A 2140 KINGSLEY AVENUE ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000310939  
04/18/05-80025-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **4/15/05**

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