


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90002 024 \*\*\*\*61.25

**DOCUMENT # 729773**  
 1. Entity Name  
**MEDICAL ARTS CENTER OF ORANGE PARK ASSOCIATION, INC.**



Principal Place of Business  
 2140 KINGSLEY AVE  
 SUITE 7  
 ORANGE PARK, FL 32073

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



2. Principal Place of Business - No P.O. Box #  
*2140 Kingsley Ave*

3. Mailing Address  
*2140 Kingsley Ave*

Suite, Apt. #, etc.  
*Suite 14*

Suite, Apt. #, etc.  
*Suite 14*

07122007 Chg-NP CR2E037 (12/06)

City & State  
*ORANGE PARK, FL*

City & State  
*ORANGE PARK, FL*

Zip  
*32073*

Country  
*FLA*

Zip  
*32073*

Country  
*FLA*

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EFRON, BARRY 2140 KINGSLEY AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELEMENT, BETTY 2140 KINGSLEY AVE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SEVETZ, EDWARD JR 2140 KINGSLEY AVENUE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, DONNIE A 2140 KINGSLEY AVENUE ORANGE PARK, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Kerry V. Riffin 2140 Kingsley Avenue ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority, empowered.

SIGNATURE: Barry Efron **Barry Efron** 09-06-07 904-272-7070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #