


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 10, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 729773</b>	
1. Entity Name MEDICAL ARTS CENTER OF ORANGE PARK ASSOCIATION, INC.	

Principal Place of Business 2140 KINGSLEY AVE SUITE #14 ORANGE PARK, FL 32073	Mailing Address 2140 KINGSLEY AVE SUITE #14 ORANGE PARK, FL 32073
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**DO NOT WRITE IN THIS SPACE**



07082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1877176	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  EFRON, BARRY 2140 KINGSLEY AVENUE SUITE 12 ORANGE PARK, FL 32073
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000954023  
07/10/08 80005 010 61.25

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	STD RIFKIN, KERRY V 2140 KINGSLEY AVENUE ORANGE PARK, FL 32073
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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 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/8/08 Date	904-276-7997 Daytime Phone #
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