

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# 729773

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

**Current Principal Place of Business:**

2140 KINGSLEY AVE  
SUITE #14  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2140 KINGSLEY AVE  
SUITE #14  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-1877176      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EFRON, BARRY  
Address: 2140 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete  
Name: RIFKIN, KERRY V  
Address: 2140 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY V. RIFKIN

STD

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date