

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729773

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: EFRON, BARRY  
Address: 2140 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

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

I hereby 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 all other like empowered.

SIGNATURE: KERRY V RIFKIN

MD

01/06/2010

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

\_\_\_\_\_  
Date