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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:13

DOCUMENT # 731022 (0)

1. Corporation Name

MEDICAL ARTS BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RS ASSOCIATION, INC. 2010 59TH ST WEST BRADENTON FL 34209	RS ASSOCIATION, INC. 2010 59TH ST WEST BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1974
3a. Date of Last Report: 06/26/1994
4. FEI Number: 59-1652494 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LASSEN, KEITH
1212 63RD STREET, N.W.
BRADENTON FL 33505

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DICKERSON, E.P. MD	1.2 NAME	
STREET ADDRESS	2010 59TH ST. W.-5500	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	DIMINO, JOSEPH M.	2.2 NAME	
STREET ADDRESS	2010 59TH ST W #2600	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	LASSEN, KEITH	3.2 NAME	D Rogers, James, MD
STREET ADDRESS	2010 59 STREET WEST	3.3 STREET ADDRESS	2010 59 Street West
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	HANNAH, SAMUEL C, MD	4.2 NAME	D Grenier, Marc, MD
STREET ADDRESS	5881 GULF OF MEXICO DR	4.3 STREET ADDRESS	2010 59 Street West
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	4.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWODOWSKI, MICHAEL A. M	5.2 NAME	
STREET ADDRESS	2010 59 ST W #5800	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWOOD, ROBERT M	6.2 NAME	
STREET ADDRESS	2010 59TH ST. W. #2600	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joseph Dimino, M.D. 3/1/95 (813) 792-2122
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002601