

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34209-4616



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1974		3a. Date of Last Report 02/07/1996	
21		26		4. FEI Number 59-1652494		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		29 Country		30 Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LASSEN, KEITH 1212 63RD STREET, N.W. BRADENTON FL 33505				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, E.P. MD		1.2 NAME	AYRES, JOHN R MD	
STREET ADDRESS	2010 59TH ST. W-5500		1.3 STREET ADDRESS	2010 59TH ST. W-5500	
CITY-ST- ZIP	BRADENTON, FL 00000		1.4 CITY-ST- ZIP	BRADENTON, FL 34209	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, JAMES M		3.2 NAME	GRACE, DAVID MD	
STREET ADDRESS	2010 59 STREET WEST		3.3 STREET ADDRESS	2010 59TH STREET WEST	
CITY-ST- ZIP	BRADENTON FL		3.4 CITY-ST- ZIP	BRADENTON, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRENIER, MARC M		4.2 NAME	HILLSTROM, ROBERT B. MD	
STREET ADDRESS	2010 59 STREET WEST		4.3 STREET ADDRESS	2010 59TH STREET WEST	
CITY-ST- ZIP	BRADENTON FL		4.4 CITY-ST- ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWODOWSKI, MICHAEL A. M		5.2 NAME	RIEBO, ANTHONY J. M.D.	
STREET ADDRESS	2010 59 ST W #5800		5.3 STREET ADDRESS	2010 59TH STREET W	
CITY-ST- ZIP	BRADENTON, FL 00000		5.4 CITY-ST- ZIP	BRADENTON, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWOOD, ROBERT M		6.2 NAME	LIEBERMAN, LAWRENCE J. MD	
STREET ADDRESS	2010 59TH ST. W. #2600		6.3 STREET ADDRESS	2010 59TH STREET WEST	
CITY-ST- ZIP	BRADENTON FL		6.4 CITY-ST- ZIP	BRADENTON, FL 34209	

14. I do hereby certify that the information supplied with this filing 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 supplement 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:

SIGNATURE REQUIRED

Joseph M. Dimino 4/24/97 941/782-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061968

CR2E037 (9/96)