

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90010 015 ****61.25

0066295

DOCUMENT # 731022

1. Corporation Name

MEDICAL ARTS BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

RS ASSOCIATION, INC.
2010 59TH ST WEST
BRADENTON FL 34209

Mailing Address

RS ASSOCIATION, INC.
2010 59TH ST WEST
BRADENTON FL 34209



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/01/1974

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

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

JOSEPH M. DIMINO

82

Street Address (P.O. Box Number is Not Acceptable)

2010 59th St. W. #2600

83

84

City

Bradenton

FL

85

Zip Code

34209

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
AYRES, JOHN R M.D.
2010 59TH ST WEST
BRADENTON, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
DIMINO, JOSEPH M.
2010 59TH ST W #2600
BRADENTON, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
GRACE, DAVID M
2010 59 STREET WEST
BRADENTON FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HILLSTROM, ROBERT B M.D.
2010 59 STREET WEST
BRADENTON FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
NEWODOWSKI, MICHAEL A. M
2010 59 ST W #5800
BRADENTON, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RIZZO, ANTHONY J M.D.
2010 59TH STREET W.
BRADENTON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

798-6121

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