

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731022

1. Entity Name

MEDICAL ARTS BUILDING CONDOMINIUM OWNERS ASSOCIA

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90022 041 ****61.25

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

Medical Arts Building

3. Mailing Address

P.O. Box 14794

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bradenton, FL 34280

4. FEI Number

59-1652494

Applied For

Not Applicable

Zip

Country

Zip

Country

34280

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMINO, JOSEPH M
2010 59TH ST. W.
#2600
BRADENTON FL 34209

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME AYRES, JOHN R M.D.
STREET ADDRESS 2010 59TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Change ☒ Addition
NAME Rogers, James
STREET ADDRESS 2010 59th St. W #4400
CITY-ST-ZIP Bradenton, FL 34209

TITLE P ☐ Delete
NAME DIMINO, JOSEPH M.
STREET ADDRESS 2010 59TH ST W #2600
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Change ☒ Addition
NAME Waters, Elaine
STREET ADDRESS 2010 59th St. W #5100
CITY-ST-ZIP Bradenton, FL

TITLE D ☐ Delete
NAME GRACE, DAVID M
STREET ADDRESS 2010 59 STREET WEST
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Change ☒ Addition
NAME Gurucharri, Michael
STREET ADDRESS 2010 59th St. W #3500
CITY-ST-ZIP Bradenton FL

TITLE D ☒ Delete
NAME HILLSTROM, ROBERT B M.D.
STREET ADDRESS 2010 59 STREET WEST
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Change ☒ Addition
NAME Johnson, LeMoyne
STREET ADDRESS 2010 59th St. W #5800
CITY-ST-ZIP Bradenton, FL

TITLE D ☒ Delete
NAME NEWODOWSKI, MICHAEL A. M
STREET ADDRESS 2010 59 ST W #5800
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RIZZO, ANTHONY J M.D.
STREET ADDRESS 2010 59TH STREET W.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

941-798-6121

Date

Daytime Phone #

CR2E037 (9/99)