

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 731022**

1. Entity Name

**MEDICAL ARTS BUILDING CONDOMINIUM OWNERS ASSOCIA**

Principal Place of Business

**MEDICAL ARTS BUILDING  
2010 59TH ST WEST  
BRADENTON FL 34209**

Mailing Address

**P.O. BOX 14794  
BRADENTON FL 34280**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

**59-1652494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, JAMES</b>	
STREET ADDRESS	<b>2010 59 STREET WEST #4400</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DIMINO, JOSEPH M</b>	
STREET ADDRESS	<b>2010 59TH ST W #2600</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRACE, DAVID M</b>	
STREET ADDRESS	<b>2010 59 STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, ELAINE</b>	
STREET ADDRESS	<b>2010 59 STREET WEST #5100</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, LEMOYNE</b>	
STREET ADDRESS	<b>2010 59 ST W #5800</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIZZO, ANTHONY J M.D.</b>	
STREET ADDRESS	<b>2010 59TH STREET W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90066 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)