2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# 738809

Entity Name: MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1300 36TH ST
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1300 36TH ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-2715582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HENDLEY, MD LEON
1300 36TH STREET
BLDG B-C
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

DELLA PORTA, RAYMOND DDS
1300 36TH STREET
BLDG F
VERO BEACH, FL 32960 US

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: RAYMOND DELLA, DDS 01/05/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: RICHARDS, AUDREY
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: PD ( ) Delete
Name: HENDLEY, M.D., LEON
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: STD ( ) Delete
Name: JOHNSTON, PATRICIA M
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: DELLA PORTA, RAYMOND DDS
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. JOHNSTON STD 01/05/2005
Electronic Signature of Signing Officer or Director Date