

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738809

FILED
Jan 04, 2007
Secretary of State

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SAKALAS, ROMAS M.D.
1300 36TH STREET
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: ROMAS SAKALAS, MD

01/04/2007

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: DELLA PORTA, RAYMOND DDS
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL 32960

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: SAKALAS, ROMAS M.D.
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 Chapter 119, 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: ROMAS SAKALAS

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date