
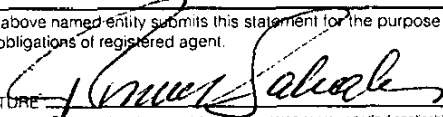



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90028 023 \*\*\*\*61.25

<b>DOCUMENT # 738809</b> 1. Entity Name <b>MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1300 36TH ST VERO BEACH, FL 32960</b>			Mailing Address <b>1300 36TH ST VERO BEACH, FL 32960</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>177 SPRINGLINE DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>VERO BEACH FL.</b>		4. FEI Number <b>59-2715582</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32963</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAKALAS, ROMAS M.D. 1300 36TH STREET VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>ROMAS SAKALAS</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>5/7/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENDLEY, LEON M.D. 1300 36TH ST VERO BEACH, FL 32960			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKALAS, ROMAS M.D. 1300 36TH ST VERO BEACH, FL 32960			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				ROMAS SAKALAS 5/7/08 772-231-6201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

ATTACHMENT

40110778  
#0738809

Dr. Romas Sakalas  
177 Springline Dr.  
Vero Beach Fl. 32963

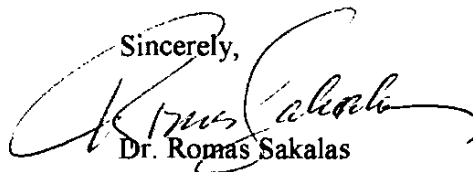
Gerald DiBartolomeo  
2222 Colonial Rd. Suite 200  
Fort Pierce, Fl. 34950  
May 7, 2008

Dear Sir:

Thank you for your letter of April 22, 2008 regarding the Florida Annual Report. I have just received it today – May 7<sup>th</sup>. You addressed the letter to Medical Arts Center Condo Assoc. Inc. without specifically identifying a specific office ( i.e. blood bank). As a result, your letter bounced from office to office until someone decided to ask me what this letter was in reference to.

In the future, please send your correspondence to:

Medical Arts Condo Assoc. Inc.  
c/o Dr. Romas Sakalas  
177 Springline Dr.  
Vero Beach Fl. 32963

Sincerely,  
  
Dr. Romas Sakalas

P.S. There was no a copy enclosed for our records.