2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
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:

177 SPRINGLINE DR
VERO BEACH, FL 32963

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:

SAKALAS, ROMAS M.D.
177 SPRINGLINE DR.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: PD
Name: SAKALAS, ROMAS M.D.
Address: 177 SPRINGLINE DR
City-St-Zip: VERO BEACH, FL 32963

I hereby 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 all other like empowered.

SIGNATURE: ROMAS SAKALAS M.D. PRES 02/15/2011
Electronic Signature of Signing Officer or Director Date