2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 766728

Entity Name: THE MEDICAL ARTS OF PANAMA CITY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

740 HARRISON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

738 HARRISON AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

740 HARRISON AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

738 HARRISON AVENUE
PANAMA CITY, FL 32401

FEI Number: 59-2338056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, RICHARD
740 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

ADELMAN, RICHARD
738 HARRISON AVENUE
PANAMA CITY, FL 32401 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: RICHARD A ADELMAN, MD 03/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADELMAN, RICHARD
Address: 738 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL

Title: VPD ( ) Delete
Name: WILSON, RICHARD B
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: S ( ) Delete
Name: ABDELGHANY, AMIN
Address: 750 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: REISS, GEORGE E
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADELMAN, RICHARD
Address: 738 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD A ADELMAN, MD PD 03/19/2009
Electronic Signature of Signing Officer or Director Date