


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90001 037 ****61.25

DOCUMENT # 767404 1. Entity Name THE MEDICAL COMPLEX ASSOCIATION, INC.					
Principal Place of Business 2650 BAHIA VISTA 302 SARASOTA, FL 34239			Mailing Address 2033 MAIN STREET SUITE 201 SARASOTA, FL 34237		
2. Principal Place of Business 2650 Bahia Vista		3. Mailing Address			
Suite, Apt. #, etc. 101		Suite, Apt. #, etc.			
City & State Sarasota, FL 34239		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2382823
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For Not Applicable
6. Name and Address of Current Registered Agent CIVIX PROPERTY MANAGEMENT 2033 MAIN STREET, SUITE 201 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ALVAREZ, MIGUEL 2650 BAHIA VISTA #202 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JAMIESON, DONNA M. M.D. 2650 BAHIA VISTA #304 SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLOOM, FRED MD 2650 BAHIA VISTA #304 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete KELSEY, MICHAEL 2650 BAHIA VISTA, #302 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete AGABANI, MOTAZ MD 2650 BAHIA VISTA #108 SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MD Elena Kiang 2650 Bahia Vista, #206 Sarasota, FL 34239	
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: <i>Michael C. Kelsey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2-24-06</i> Daytime Phone # <i>941-366-0866</i>		

ATTACHMENT

40021164
#767404

The Medical Complex Association, Inc.
2650 Bahia Vista, #302
Sarasota, FL 34239

11. (Continued)

PD	Addition
Adam Marconi, LPT	
2650 Bahia Vista, #101	
Sarasota, FL 34239	

D	Addition
Diane Lawson, CCIM	
2650 Bahia Vista, #102, 103	
Sarasota, FL 34239	