

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 027 ****61.25

DOCUMENT # 767404

1. Entity Name
THE MEDICAL COMPLEX ASSOCIATION, INC.



Principal Place of Business
**2650 BAHIA VISTA
101
SARASOTA, FL 34239**

Mailing Address
**2033 MAIN STREET
SUITE 201
SARASOTA, FL 34237**

40020948



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2382823

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIVIX PROPERTY MANAGEMENT
2033 MAIN STREET, SUITE 201
SARASOTA, FL 34237**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JAMIESON, DONNA M. M.D.**
STREET ADDRESS **2650 BAHIA VISTA #304**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **D** ☐ Delete
NAME **BLOOM, FRED MD**
STREET ADDRESS **2650 BAHIA VISTA #304**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **TD** ☐ Delete
NAME **KELSEY, MICHAEL**
STREET ADDRESS **2650 BAHIA VISTA, #302**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **SD** ☐ Delete
NAME **AGABANI, MOTAZ MD**
STREET ADDRESS **2650 BAHIA VISTA #108**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **D** ☐ Delete
NAME **KIANG, ELENA MD**
STREET ADDRESS **2650 BAHIA VISTA, # 206**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Adam Marconi, PT**
STREET ADDRESS **2650 Bahia Vista #101**
CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM MARCONI, PT 2/13/07

Date

Daytime Phone #

365-2830