

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90023 023 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2848 Proctor Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sarasota, FL			
Zip		Country USA		4. FEI Number 59-2382823	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 MILLER MANAGEMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road City Sarasota FL Zip Code 34231		
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 <i>Deborah K. Miller</i> 3/3/08 <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, 2008		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 JAMIESON, DONNA M. M.D. 2650 BAHIA VISTA #304 SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FENWORTH, AUDREY 2650 Bahia Vista, #105 Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOOM, FRED MD 2650 BAHIA VISTA #304 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAWSON, DIANE 2650 Bahia Vista, #204 Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELSEY, MICHAEL 2650 BAHIA VISTA, #302 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGABANI, MOTAZ MD 2650 BAHIA VISTA #108 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIANG, ELENA MD 2650 BAHIA VISTA, # 208 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCONI, ADAM PT 2650 BAHIA VISTA STE 101 SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Diane Lawson</i> Diane Lawson, Treasurer 2/29/8 (941) 923-5911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					