2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State
02-29-2008 90028 034 ****61.25

DOCUMENT # N00253

1. Entity Name
4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

66015852

Principal Place of Business	Mailing Address
4710 N. HABANA AVE. TAMPA, FL 33614	4710 N. HABANA AVE. TAMPA, FL 33614

02112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2388081 ☐ Applied For ☐ Not Applicable

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
DYKES, WALTER 4710 N. HABANA AVE TAMPA, FL. 33614	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLEY, BYRON 4710 N HABANA AVE #100 TAMPA, FL 33614	☒ Delete	Dr Jose R Foradada III President 4710 N. Habana Ave #307, Tampa FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASTANDREA, FRANK G 4710 N HABANA AVE #400 TAMPA, FL 33614	☐ Delete	Director Mastandrea, Frank G 4710 N. Habana Ave # 400 Tampa FL 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRECO OD, JAMES L 4710 N HABANA AVE #204 TAMPA, FL 33614	☐ Delete	Arthur Redregal Director 4710 N. Habana Ave #303 Tampa FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZIMMER, SUSAN 4710 N HABANN AVE TAMPA, FL 33614	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER, DYKES 4710 N HABANN AVE 101 TAMPA, FL 33614	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ Jose R. Foradada III 04/04/08 (813) 874-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #