# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# N00253

**Entity Name:** 4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4710 N. HABANA AVE.
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4710 N. HABANA AVE.
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number: 59-2388081** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYKES, WALTER
4710 N. HABANA AVE
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | FORADADA, JOSE R DR | |
| Address: | 4710 N. HABANA AVE # 307 | |
| City-St-Zip: | TAMPA, FL 33614 | |
| Title: | PD | ( ) Delete |
| Name: | MASTANDREA, FRANK G | |
| Address: | 4710 N HABANA AVE #400 | |
| City-St-Zip: | TAMPA, FL 33614 | |
| Title: | SD | ( ) Delete |
| Name: | GRECO OD, JAMES L | |
| Address: | 4710 N HABANA AVE #204 | |
| City-St-Zip: | TAMPA, FL 33614 | |
| Title: | VD | ( ) Delete |
| Name: | ZIMMER, SUSAN | |
| Address: | 4710 N HABANN AVE | |
| City-St-Zip: | TAMPA, FL 33614 | |
| Title: | D | ( ) Delete |
| Name: | WALTER, DYKES | |
| Address: | 4710 N HABANN AVE 101 | |
| City-St-Zip: | TAMPA, FL 33614 | |
| Title: | D | ( ) Delete |
| Name: | MASTANDREA, FRANK G | |
| Address: | 4710 N. HABANA AVE # 400 | |
| City-St-Zip: | TAMPA, FL 33614 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: CHRISTOPHER ANGELO PM 01/08/2009

Electronic Signature of Signing Officer or Director — Date