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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01828** **(5)**

1. Corporation Name

CLEARWATER MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RALPH G. FRICK 630 POINSETTIA RD. CLEARWATER FL 34616	% RALPH G. FRICK 630 POINSETTIA RD. CLEARWATER FL 34616-1525

3. Date Incorporated or Qualified: 03/07/1984
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21 RICHARD D McKIBBEN
22 Suite, Apt. #, etc. 1201 S. HIGHLAND AVE S-3
23 City & State CLEARWATER FL
24 Zip 33756 25 Country USA

2a. Mailing Address
26 RICHARD D McKIBBEN
27 Suite, Apt. #, etc. 1201 S. HIGHLAND AVE S-3
28 City & State CLEARWATER FL
29 Zip 33756 30 Country USA

4. FEI Number: 59-2483289 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RALPH G. FRICK
630 POINSETTIA RD.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name RICHARD D McKIBBEN DDS
82 Street Address (P.O. Box Number is Not Acceptable) 1201 S. HIGHLAND AVE, S-3
83 CLEARWATER FL 34616
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE R D McKibben DDS DP 4/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FRICK, RALPH G. 1201 S.HIGHLAND AVE.S-5 CLEARWATER FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SEIDL, FRANK J. 1201 S HIGHLAND AVE S-9 CLEARWATER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D SEIDL, FRANK J 1201 S. HIGHLAND AVE S-9 CLEARWATER FL ~~34616~~ 33756 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKIBBEN, RICHARD D 1201 S HIGHLAND AVE S-S CLEARWATER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DP McKIBBEN RICHARD D 1201 S HIGHLAND AVE S-3 CLEARWATER FL ~~34616~~ 33756 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D CAGLE, JOHN 1201 S HIGHLAND AVE S-5 CLEARWATER FL ~~34616~~ 33756 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R D McKibben DDS RICHARD D McKIBBEN DDS 4/3/97 813-442-7352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #