

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90044 003 ****61.25

DOCUMENT # N14903

1. Entity Name

MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**333 W. COCOA BEACH CSWY.
 SUITE 6
 COCOA BEACH FL 32931
 US**

**333 W. COCOA BEACH CSWY.
 SUITE 6
 COCOA BEACH FL 32931
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2462598

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

**SOILEAU, JOHN L
 1970 MICHIGAN AVE., STE. C
 COCOA FL 32922**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARINO, VINCENT P	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, DONNA	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, LUIS A	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAKAR, WASFI	
STREET ADDRESS	333 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 REQUIRED

Luis A. Gonzalez, MD
 PRESIDENT 2-14-2000 (321)452-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)