

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90003 041 ****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

813110



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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Gonzalez, MD
 Director 2/6/01

Date

Daytime Phone #

(321) 784-2530

CR2E037 (10/00)