


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002483 1. Entity Name MEDICAL ARTS BUILDING ASSOCIATION, INC.	
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Principal Place of Business 200 VINING CT ORMOND BEACH, FL 32176	Mailing Address 200 VINING CT ORMOND BEACH, FL 32176 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1617434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECAPITE, VINCE
200 VINING CT
ORMOND BEACH, FL 32176

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IN THIS SPACE**

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 <input type="checkbox"/> \$5.00 May Be Added to Fees	000000000752 01/31/08-80030-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECAPITE, VINCENT 200 VINING CT ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, KATHLEEN 190 VINING CT ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, RICHARD S MD 194 VINING CT ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, L & G 196 VININD CT ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONEJON, ELIZABETH 198 VINING CT ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-25-08 <small>Date</small>	356-673-2600 <small>Daytime Phone #</small>
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