

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002483

FILED
Feb 11, 2009
Secretary of State

Entity Name: MEDICAL ARTS BUILDING ASSOCIATION, INC.

Current Principal Place of Business:

200 VINING CT
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

200 VINING CT
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-1617434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECAPITE, VINCE
200 VINING CT
ORMOND BEACH, FL 32176 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: SD () Delete
Name: DECAPITE, VINCENT
Address: 200 VINING CT
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: LINK, KATHLEEN
Address: 190 VINING CT
City-St-Zip: ORMOND BEACH, FL

Title: DP () Delete
Name: BROWN, RICHARD S MD
Address: 194 VINING CT
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: GRAYSON, L & G
Address: 196 VININD CT
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: MONEJON, ELIZABETH
Address: 198 VINING CT
City-St-Zip: ORMOND BEACH, FL

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:

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: VINCE DECAPITE

SD

02/11/2009

Electronic Signature of Signing Officer or Director

Date