

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002483

FILED
Feb 15, 2011
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
Name: DECAPITE, VINCENT
Address: 200 VINING CT
City-St-Zip: ORMOND BEACH, FL

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VINCENT DECAPITE

SD

02/15/2011

Electronic Signature of Signing Officer or Director

Date