2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N95000002906

Entity Name: MEDICAL AND DENTAL ASSOCIATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6325-6333 S.R. 54
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

6325-6333 STATE ROAD 54
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

6329 S.R. 54
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

6329 STATE ROAD 54
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3341383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DHALIWAL, GUNWANT S
6329 S.R. 54
NEW PORT RICHEY, FL 34653 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: PTD ( ) Delete
Name: DHALIWAL, GUNWANT S
Address: P. O. BOX 1117
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VSD ( ) Delete
Name: KHAMBATY, QAYYUM
Address: 969 CARSTAIRS COURT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: DHALIWAL, TEJINDER
Address: P. O. BOX 1117
City-St-Zip: CRYSTAL BEACH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: DHALIWAL, GUNWANT S
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DHALIWAL, TEJINDER
Address: 6329 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

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: GUNWANT S DHALIWAL PTD 01/15/2009
Electronic Signature of Signing Officer or Director Date