

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002906

FILED  
Mar 28, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

**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  
Name: DHALIWAL, GUNWANT S  
Address: 6329 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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

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: GUNWANT S DHALIWAL

PTD

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date