2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006213

1. Entity Name
ST. JOSEPH HOSPITAL MEDICAL ARTS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948

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04032006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-1740911

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000495924
04/21/06-80031-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOUT, GENE DDS
STREET ADDRESS	2400 HARBOR BLVD., STE 11
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	SWING, FRED P M.D.
STREET ADDRESS	2400 HARBER BLVD., STE. 15
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	DST
NAME	BERGER, GARY L M.D.
STREET ADDRESS	2400 HARBOR BLVD., STE. 21
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	VP
NAME	KHALIDI, SAKINA M.D.
STREET ADDRESS	2400 HARBOR BLVD., STE. 17
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	CHIARAVALLOTO, NORA
STREET ADDRESS	2500 HARBOR BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	FLORES, ADELINA C M.D.
STREET ADDRESS	2400 HARBOR BLVD., STE. 12
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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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: _____ 4-3-06 941-625-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #