

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006213

FILED
Jan 19, 2010
Secretary of State

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

Current Principal Place of Business:

2400 HARBOR BLVD
SUITE 21
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2400 HARBOR BLVD
SUITE 21
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1740911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R
223 TAYLOR STREET
PUNTA GORDA, FL 33950 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: P
Name: KHALIDI, SAKINA MD
Address: 2400 HARBOR BLVD., #17
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: PADMAN, VENKATANARAYAN M.D.
Address: 2400 HARBOR BLVD., #16
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DST
Name: BERGER, GARY L M.D.
Address: 2400 HARBOR BLVD., STE. 21
City-St-Zip: PORT CHARLOTTE, FL

Title: D
Name: SWING, FRED MD
Address: 2400 HARBOR BLVD., STE. 18
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: CHIARAVALLOTO, NORA
Address: 2500 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: FLORES, ADELINA C M.D.
Address: 2400 HARBOR BLVD., STE. 12
City-St-Zip: PORT CHARLOTTE, FL 33952

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: GARY L. BERGER, M.D.

DST

01/19/2010

Electronic Signature of Signing Officer or Director

_____ Date