


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003903 1. Entity Name NORTH FLORIDA REGIONAL MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6500 NEWBERRY ROAD GAINESVILLE, FL 32605	Mailing Address P.O. BOX 147006 GAINESVILLE, FL 32614
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DO NOT WRITE IN THIS SPACE

02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3560211	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

QUINLIVAN, JOHN
6500 NEWBERRY ROAD
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000324580
04/22/05-80103-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DYE, DAVID L P.O. BOX 147006 N/A GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINLIVAN, JOHN P.O. BOX 147006 N/A GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, SCOTT 6400 W NEWBERRY ROAD STE 302 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 (352) 333-4107
Date Daytime Phone #