


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 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



02012007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent QUINLIVAN, JOHN 6500 NEWBERRY ROAD GAINESVILLE, FL 32605

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>FEB 16, 2007</u>
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000664190 03/22/07-80025-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ERIC PO BOX 147006 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKEY, ANGELI MD 6400 WEST NEWBERRY RD SUITE 109 GAINESVILLE, FL 32605
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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FEB 28 2007

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 another like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/2/07</u>	Daytime Phone # _____
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