


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90021 048 ****61.25

DOCUMENT # N98000003903	
1. Entity Name NORTH FLORIDA REGIONAL MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6500 NEWBERRY ROAD GAINESVILLE, FL 32605	Mailing Address P.O. BOX 147006 GAINESVILLE, FL 32614
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 16400 W Newberry Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 110
City & State	City & State Gainesville, FL
Zip	Zip 32605
Country	Country US



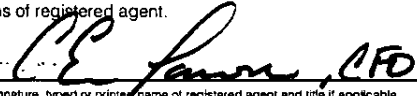
01212008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3560211	Applied For <input type="checkbox"/> 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	
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7. Name and Address of New Registered Agent	
Name ERIC LAWSON	
Street Address (P.O. Box Number is Not Acceptable) 16500 W. Newberry Rd	
City Gainesville	Zip Code FL 32605

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.	DATE 2/5/08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ERIC PO BOX 147006 GAINESVILLE, FL 32614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKEY, ANGELI MD 6400 WEST NEWBERRY RD SUITE 109 GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT 6400 W-NEWBERRY ROAD STE 302 GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/4/08 Daytime Phone # 352 332 0648