

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003903

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** NORTH FLORIDA REGIONAL MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6500 NEWBERRY ROAD  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6400 W NEWBERRY RD  
SUITE 110  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 59-3560211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWSON, ERIC  
6500 W. NEWBERRY RD.  
GAINESVILLE, FL 32605 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: D ( ) Delete  
Name: LAWSON, ERIC  
Address: PO BOX 147006  
City-St-Zip: GAINESVILLE, FL 32614

Title: D ( ) Delete  
Name: AKEY, ANGELI MD  
Address: 6400 WEST NEWBERRY RD SUITE 109  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: JOHNSON, SCOTT  
Address: 6400 W NEWBERRY ROAD STE 302  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIC LAWSON

D

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date