


**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P03000007578	
1. Entity Name MEDICAL ARTS & TECHNOLOGY SERVICES, P.A.	

Principal Place of Business 26 E RACETRACK ROAD NW FORT WALTON BEACH, FL 32547	Mailing Address 26 E RACETRACK ROAD NW FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0925778	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

MARTIN, JAMES P DR
26-E RACETRACK ROAD NW
FORT WALTON BEACH, FL 32547

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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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 / After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000695050
04/17/07-80043-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, JAMES P DR
STREET ADDRESS	26-E RACETRACK ROAD NW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	CAMPBELL, JACKIE A
STREET ADDRESS	26 E RACETRACK ROAD, NW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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:  **03 APR 07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #