

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 521638

Entity Name: WINTER GARDEN MEDICAL ARTS BUILDING, INC.

Current Principal Place of Business:

444 NO DILLARD
WINTER GARDEN, FL 34787-2817

Current Mailing Address:

444 NO DILLARD
WINTER GARDEN, FL 34787-2817 US

FEI Number: 59-1708541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWEN, CATHRYN M.
444 N. DILLARD ST.
WINTER GARDEN, FL 34787 US

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

Officer/Director Detail :

Title PD, PRESIDENT
Name BRADFORD, M WADE
Address 444 NO DILLARD
City-State-Zip: WINTER GARDEN FL 34787-2817

Title SD
Name BOWEN, CATHRYN M.
Address 398 N. LAKEVIEW
City-State-Zip: WINTER GARDEN FL

Title T
Name BOWEN, CATHRYN M.
Address 398 N. LAKEVIEW
City-State-Zip: WINTER GARDEN FL

Title VP, DIRECTOR
Name BRADFORD, EMMETT D
Address 444 NO DILLARD
City-State-Zip: WINTER GARDEN FL 34787-2817

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHRYN M BOWEN

SEC/TREAS

10/09/2017

Electronic Signature of Signing Officer/Director Detail

Date