

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000042689

**Entity Name:** MEDICAL BUILDING ASSOCIATES, INC.

**Current Principal Place of Business:**

6 OFFICE PARK DRIVE  
PALM COAST, FL 32137

**Current Mailing Address:**

6 OFFICE PARK DRIVE  
PALM COAST, FL 32137

**FEI Number:** 59-3723479

**Certificate of Status Desired:** No

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

SHAW, DUDLEY A  
6 OFFICE PARK DRIVE  
PALM COAST, FL 32137 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            PRES  
Name            BUTLER, DAVID W  
Address        6 OFFICE PARK DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            SECR  
Name            SHAW, DUDLEY A  
Address        6 OFFICE PARK DRIVE  
City-State-Zip: PALM COAST FL 32137

*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:** DAVID BUTLER

**PRES**

**01/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date