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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768420** (2)
1. Corporation Name

MEDICAL ARTS BUILDING OF MELBOURNE, INC.

Principal Place of Business C/O JOHN M. CARTER Fred Freedman 1281 S. HICKORY ST., #D MELBOURNE FL 32901	Mailing Address C/O JOHN M. CARTER Fred Freedman 1281 S. HICKORY ST., #D MELBOURNE FL 32901
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/12/1983 4. FEI Number 59-2385688 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CARTER, JOHN M.~~ **Fred Freedman**
1281 S. HICKORY STREET, SUITE D
MELBOURNE FL 32901

81 Name Fred Freedman
82 Street Address (P.O. Box Number is Not Acceptable) 1281 S. Hickory St. Suite D
83
84 City Melbourne
85 Zip Code FL 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **4-30-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UNGER, PAT B., M.D.		1.2 NAME PAUL UNGER	
STREET ADDRESS 1281 S. HICKORY ST.		1.3 STREET ADDRESS 1350 HICKORY ST	
CITY-ST-ZIP MELBOURNE FL		1.4 CITY-ST-ZIP MELBOURNE FL 32901	
TITLE M	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARTER, JOHN M.		2.2 NAME KEVIN CHAPIN, D.O.	
STREET ADDRESS 1281 S HICKORY ST #D		2.3 STREET ADDRESS 1281 HICKORY ST	
CITY-ST-ZIP MELBOURNE FL		2.4 CITY-ST-ZIP MELBOURNE FL 32901	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREEMAN, FRED		3.2 NAME JOYCE LYNCH, M.D.	
STREET ADDRESS FILCO-C/O ENT, 1281 S HICKORY ST		3.3 STREET ADDRESS 1281 HICKORY ST	
CITY-ST-ZIP MELBOURNE FL		3.4 CITY-ST-ZIP MELBOURNE FL 32901	
TITLE D VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, VICTOR M., M.D.		4.2 NAME	
STREET ADDRESS 1281 S. HICKORY ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, THOMAS E.		5.2 NAME	
STREET ADDRESS 1281 S HICKORY ST		5.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

4-30-98

CR2E037 (10/97)