

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90106 019 ****61.25

0018843

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768420

1. Corporation Name

MEDICAL ARTS BUILDING OF MELBOURNE, INC.

Principal Place of Business

**% FRED FREEDMAN
1281 S. HICKORY ST., #D
MELBOURNE FL 32901
US**

Mailing Address

**% FRED FREEDMAN
1281 S. HICKORY ST., #D
MELBOURNE FL 32901
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/12/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2385688

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRED FREEDMAN
1281 S. HICKORY STREET, SUITE D
MELBOURNE FL 32901**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FRED FREEDMAN DIRECTOR 7-21-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **UNGER, PAT B., M.D.**
STREET ADDRESS **1281 S. HICKORY ST.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **KEVIN CHAPIN D.O.**
STREET ADDRESS **1281 S HICKORY ST #D**
CITY-ST-ZIP **MELBOURNE FL 32901**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **FREEMAN, FRED**
STREET ADDRESS **FILCO-C/O ENT, 1281 S HICKORY ST**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **ALVAREZ, VICTOR M., M.D.**
STREET ADDRESS **1281 S. HICKORY ST.**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **JOYCE LYNCH, M.D.**
STREET ADDRESS **1281 S HICKORY ST**
CITY-ST-ZIP **MELBOURNE FL 32901**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **PAUL UNGER**
STREET ADDRESS **1350 HICKORY ST**
CITY-ST-ZIP **MELBOURNE FL 32901**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FRED FREEDMAN

Date

Daytime Phone #

7-21-99 407 724 2718

CR2E037 (1/198)