

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768420

1. Entity Name

MEDICAL ARTS BUILDING OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

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

% FRED FREEDMAN  
1281 S. HICKORY ST., #D  
MELBOURNE FL 32901-3231  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90077 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-24-00 407-7242718