

FILED

Apr 23, 2002 8:00 am  
Secretary of State

03-06-2002 90057 021 \*\*\*61.25

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768420

1. Entity 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

c/o Gail Stalnaker

Suite, Apt. #, etc.

3300 Fiske Blvd.

City &amp; State

Rockledge, FL

Zip

32955

Country

USA

3. Mailing Address

c/o Gail Stalnaker

Suite, Apt. #, etc.

3300 Fiske Blvd.

City &amp; State

Rockledge, FL

Zip

32955

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2385688

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Gail Stalnaker

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

3300 Fiske Blvd.

City

Rockledge

FL

Zip Code  
32955

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

Gail Stalnaker, President

2/20/2002

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	UNGER, PAT B., M.D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1281 S. HICKORY ST.	
CITY-ST-ZIP			MELBOURNE FL	

TITLE	D	NAME	KEVIN CHAPIN D.O.	<input type="checkbox"/> Delete
STREET ADDRESS			1281 S. HICKORY ST. #D	
CITY-ST-ZIP			MELBOURNE FL 32901	

TITLE	D	NAME	FREEDMAN, FRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			FILCO-C/O ENT, 1281 S HICKORY ST	
CITY-ST-ZIP			MELBOURNE FL	

TITLE	VP	NAME	ALVAREZ, VICTOR M., M.D.	<input type="checkbox"/> Delete
STREET ADDRESS			1281 S. HICKORY ST.	
CITY-ST-ZIP			MELBOURNE FL	

TITLE	VP	NAME	PAUL UNGER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1350 HICKORY ST	
CITY-ST-ZIP			MELBOURNE FL 32901	

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Stalnaker	
STREET ADDRESS	3300 Fiske Blvd., Rockledge, FL	
CITY-ST-ZIP	32955	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Chapin, D.O.	
STREET ADDRESS	1281 Hickory St., Suite D	
CITY-ST-ZIP	Melbourne, FL 32901	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberta Stoner	
STREET ADDRESS	3300 Fiske Blvd., Rockledge, FL	
CITY-ST-ZIP	32955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gail Stalnaker, President

2/20/2002 (321) 434-5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)