

# 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.

3. Mailing Address

c/o Gail Stalnaker  
Suite, Apt. #, etc.  
3300 Fiske Blvd.

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

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

Name

Gail Stalnaker

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

3300 Fiske Blvd.

City

Rockledge

FL

Zip/Post

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 S. Stalnaker*

Gail Stalnaker, President

2/20/2002

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

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

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

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

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

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Change  Addition  
NAME President D  
STREET ADDRESS Gail Stalnaker  
CITY-ST-ZIP 3300 Fiske Blvd., Rockledge, FL 32955

TITLE D  Change  Addition  
NAME Vice President D  
STREET ADDRESS Kevin Chapin, D.O.  
CITY-ST-ZIP 1281 Hickory St., Suite D  
Melbourne, FL 32901

TITLE D  Change  Addition  
NAME Secretary D  
STREET ADDRESS Roberta Stoner  
CITY-ST-ZIP 3300 Fiske Blvd., Rockledge, FL 32955

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gail S. Stalnaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2002 (321) 434-5162  
Date Daytime Phone #

CR2E037 (9/01)