


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90081 011 ****61.25

DOCUMENT # 768420 1. Entity Name MEDICAL ARTS BUILDING OF MELBOURNE, INC.					
Principal Place of Business C/O GAIL STALNAKER 3300 FISKE BLVD ROCKLEDGE, FL 32955 US			Mailing Address C/O GAIL STALNAKER 3300 FISKE BLVD ROCKLEDGE, FL 32955 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2385688	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STALNAKER, GAIL 3300 FISKE BLVD ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STALNAKER, GAIL 3300 FISKE BLVD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KEVIN CHAPIN D.O. 1281 S HICKORY ST #D MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLS, TOM 3300 FISKE BLVD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Gail L. Stalnak</i> <i>Gail L. Stalnak</i> <i>4-11-05</i> <i>321-434-5175</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					