

DOCUMENT# N95000001441

**Entity Name:** MELBOURNE MEDICAL OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1401 E. BROWARD BLVD., SUITE 206  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1401 E. BROWARD BLVD., SUITE 206  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERMAN, BRUCE K  
1401 E. BROWARD BLVD., SUITE 206  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HERMAN, BRUCE K  
Address: 1401 E. BROWARD BLVD., SUITE 206  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: PATRICK, U. E  
Address: 301 W. MICHIGAN AVENUE  
City-St-Zip: JACKSON, MI 49204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: PATRICK, STEVE  
Address: 301 W. MICHIGAN AVENUE  
City-St-Zip: JACKSON, MI 49204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE HERMAN

PSTD

09/12/2002

Electronic Signature of Signing Officer or Director

Date \_\_\_\_\_