PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90243 001 ***150.00

DOCU	MENT # 602409				
j 1. Corporatio	n name				
PEDIAT	RICS OF BREVARD, P.A.			. (Amazon altita 80) (A. 130) (Azon 180) (Azon 180) (Azon 180)	
1					
					K BABAN DIBIN DIBAN DIBIN KOBK
Principal Plac		Mailing Address			
134 S. WOODS DR.					
MOOKELDOL V	L 02333	HOURCEPOL 12 SECON		DO NOT WRITE IN THIS SI	PACE
1				3. Date Incorporated or Qualifed	
1				10/02/1970	<u> </u>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1303156	Not Applicable
├		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	le	City & State		6, Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zin	Country	Zip	Country	Trust Fund Contribution	
Zip 24	Country 25	 - - - - - - - - - -	Country	8, This corporation owes the current year Intan Personal Property Tax.	gible ∃Yes ⊟No
24	9. Name and Address of Current		101	10. Name and Address of New Registered Ag	
		, , , , , , , , , , , , , , , , , , ,	81 Name	10.	
	_POT,THOMAS J., M.D., P.A.			(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
134 SOUTH WOODS DRIVE			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
ROCKLEDGE FL 32955			83		
			ļ <u></u>		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of ch	anging its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut ions of, Section 607.0505, Florid	norized by the corporation	ion's board of directors. I hereby accept the appointr	nent as registered
SIGNATURE	,				
0.0.0.0.0	Signature, typed or printed name of registered agent		egistered Agent signature require		
12.	OFFICERS ANI	· . · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	PD THOMAS	☐ DELETE	1.1 TITLE	ľ	_ Change Addition
NAME	PHILPOT, THOMAS J.		1.2 NAME		
STREET ADDRESS	134 SOUTH WOODS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	ADMOLD DOMALD H	□ nεreiε	2.1 TITLE	L	
NAME	ARNOLD, DONALD H. 134 S. WOODS DR.		22 NAME		
STREET ADDRESS	ROCKLEDGE FL		2.3 STREET ADORESS		
CITY-ST-ZIP	VD VD	DELETE	2. 4 C/TY+ST-ZIP 3.1 TITLE		Change Addition
TITLE	KNAPPENBERGER, WILLIAM L	O pereie'	3.2 NAME	L	go
NAME OTOTET ADDRESS	404 0 WOODO DD		•		
STREET ADDRESS	ROCKLEDGE FL		3.3 STREET ADORESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	STD	DELETE	4.1 TITLE		Change Addition
NAME	O'HERN, RICHARD K.	□	4. 2 NAME		_ • •-
STREET ADDRESS	134 S. WOODS DR.		4.3 STREET ADDRESS		
1	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VD	☐ DELETE	5.1 TITLE		Change Addition
NAME I	ULRICH, MARY W		5.2 NAME		
STREET ADDRESS	134 SOUTH WOODS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CiTY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an authors, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

407-636-3066

CR2E034 (11/98)

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