2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000226

1. Entity Name

MIMA FOUNDATION OF BREVARD, INC.

Principal Place of Business 200 E. SHERIDAN RD. MELBOURNE FL 32901

Mailing Address

200 E: SHERIDAN RD .-MELBOURNE FL 32901

FILED
Jul 13, 2001 8:00 am
Secretary of State

03-05-2001 90062 015 ****61.25 07-13-2001 90006 034 ****61.25

C0073367

2. Principal Place of Business 3. Mailing Address 5200 Babcock Street, NE									
Suffe Apt	#, etc.	1	100		DO NOT WRITE IN T	HIS SPACE			
Palm Bay, FL Palm Bay,			FL	4. FEI Number 3690337 Applied For Not Applicable					
<u> </u>	5 USA	32905	Country	۲	5. Certificate of St	atus Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name	Name					
BOYLES, WILLAM A 301 E. PINE ST., #1400			Street Address (P.O. Box Number is Not Acceptable)						
									ORLANDO
			City	City FL Zip Code					
8. The above	named entity submits this statement f	or the purpose of changing its re	gistered office o	or reaistere	d agent, or both, in				
			•			3			
NIA									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	FILE NOW: FEE IS \$61.25		*= 00						
	ember 12, 2001, min. will be \$2	aign Financing htribution.		\$5.00 May Be Added to Fees		neck Payable ment of State			
		-00.20		,		Depart	ment of State	,	
10.	OFFICERS AND DI	RECTORS	11.	ĀĪ	DDITIONS/CHANGE	S TO OFFICERS AND	D DIRECTORS IN	I 10	
TITLE	DS	☐ Delete	TITLE				Change	☐ Addition	
NAME	MCCLURE, JOSEPH A MD		NAME		0.4	(. ~1 - (A)	= C 1a:	261(
STREET ADORESS	200 E. SHERIDAN RD.		STREET ADDRESS	52		K Street, NI		204 . I	
CITY-ST-ZIP	MELBOURNE FL 32901 DV		CITY-ST-ZIP	Pal	m 13ay,	FL 329			
TITLE NAME	=GURRI,≈JOSEPH A.MD	☐ Delete	TITLE		9		Change	☐ Addition	
STREET ADDRESS	200 E. SHERIDAN RD:		-NAME STREET ADDRESS	·	نمه م		•	-	
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	Sai	ne as a	above		ļ	
TITLE	DT DE SESSION OF THE								
NAME	RONALDSON, JAMES M MD	☐ Delete	TITLE NAME	}			💢 Change	☐ Addition	
STREET ADDRESS	200 E. SHERIDAN RD.		STREET ADDRESS		<u>.</u> .	,			
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	30	me as a	bove			
TITLE	DP	☐ Delete	TITLE				C7 Change	☐ Addition	
NAME	COLLINS, JOSEPH L MD	<u> </u>	NAME	ļ			Change	Addition	
STREET ADDRESS	200 E. SHERIDAN RD.		STREET ADDRESS		me as	c. las 0			
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	Sa	me as	above			
TITLE	D	☐ Delete	TITLE		·		Change	Addition	
NAME	O'CONNELL, AL		NAME	_		1	7	_]	
STREET ADDRESS	200 E. SHERIDAN RD		STREET ADDRESS	Sa	ne as	above			
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP						
TITLE	Executive	☐ Delete	TITLE	EX	2 Cutive Di	vector	Change	Addition	
NAME STREET ADDRESS			NAME	1011	y M. Bar	iey K street, NI	- c +		
STREET ADDRESS City-St-Zip			STREET ADDRESS	25,00	5 Babace	r street, NI	e Duff of	74	
	ortification that information and the second	ALC: PP	CITY-ST-ZIP	talm	1 Kay, F	L 32905			
indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that my s	e exemption stat signature shall h	ted in Secti ave the sai	on 119.07(3)(i), Flor me legal effect as if	rida Statutes. I further made under oath; tha	certify that the in at I am an officer	formation or director	

pration 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: