

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 25, 2004  
Secretary of State**

DOCUMENT# N01000000226

Entity Name: MIMA FOUNDATION OF BREVARD, INC.

**Current Principal Place of Business:**

5200 BABCOCK STREET  
SUITE 304  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

5200 BABCOCK STREET  
SUITE 304  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 59-3690337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOYLES, WILLAM A  
301 E. PINE ST., #1400  
ORLANDO, FL 32801      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: DS      ( ) Delete  
Name: MCCLURE, JOSEPH A MD  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

Title: DV      ( ) Delete  
Name: GURRI, JOSEPH A MD  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

Title: DT      ( ) Delete  
Name: RONALDSON, JAMES M MD  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

Title: DP      ( ) Delete  
Name: TRUITT, TIMOTHY MD  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

Title: D      ( ) Delete  
Name: O'CONNELL, AL  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

Title: ED      ( ) Delete  
Name: BANEY, HOLLY M  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

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

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

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

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

Title: DP      (X) Change ( ) Addition  
Name: FUSCO, MARK MD  
Address: 5200 BABCOCK STREET NE STE 304  
City-St-Zip: PALM BAY, FL 32905

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

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: HOLLY BANEY

ED

06/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date