

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:58

DOCUMENT # **N42375** (8)

1. Corporation Name
BREVARD PPO, INC.

Principal Place of Business Mailing Address
110 LONGWOOD AVENUE **110 LONGWOOD AVENUE**
P.O. BOX 565002, MS #93 **P.O. BOX 565002, MS #93**
ROCKLEDGE FL 32955-2020 **ROCKLEDGE FL 32955-2020**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3083439** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARMAN, ROBERT O
110 LONGWOOD AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signatures required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
CD THOMPSON, PAUL DR 96 WILLARD ST #108 COCOA FL
D PANDYA, SUMANT DR 110 LONGWOOD AVE ROCKLEDGE FL
D ARNOLD, DONALD DR 134 S WOODS DRIVE ROCKLEDGE FL
D CARMEN, ROBERT O 110 LONGWOOD AVE ROCKLEDGE FL
SD TURNER, MARK 110 LONGWOOD AVE ROCKLEDGE FL
TD PARDY, MICHAEL J 110 LONGWOOD AVE ROCKLEDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME **SD Tucker, Michael**
5.3 STREET ADDRESS **110 Longwood Avenue**
5.4 CITY - ST - ZIP **Rockledge, FL**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Pardy **3-14-95 (407) 636-2211 x5020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Phone #)
Michael J. Pardy, Treasurer/Director

NW2315

BREVARD PPO
ADDITIONAL BOARD OF DIRECTORS
1994 - 1995

D
Ralph Page, M.D.
1026 S. Florida Avenue
Rockledge, FL 32955

D
Karamvir Mann, M.D.
110 Longwood Avenue
Rockledge, FL 32955

D
Alan El-Tobgui, M.D.
190 S. Sykes Creek Parkway
Merritt Island, FL 32952