

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42275** (8)  
1. Corporation Name  
**BREVARD PPO, INC.**



200001871842  
-06/21/96--01113--002

Principal Place of Business: 110 LONGWOOD AVENUE, P.O. BOX 565002, MS #93, ROCKLEDGE FL 32955-2828, US  
Mailing Address: 110 LONGWOOD AVENUE, P.O. BOX 565002, MS #93, ROCKLEDGE FL 32955-2828, US

3. Date Incorporated or Qualified: 03/06/1991  
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23  
24 Zip: 25 Country: 26  
2a. Mailing Address: 26 Suite, Apt. #, etc.  
27 City & State: 28  
29 Zip: 30 Country: 30

4. FEI Number: 59-3083439  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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: Terence M. Murphy  
82 Street Address (P.O. Box Number is Not Acceptable): 110 Longwood Avenue  
83  
84 City: Rockledge FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 6-4-96  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	THOMPSON, PAUL DR	
STREET ADDRESS	96 WILLARD ST #106	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANDYA, SUMANT DR	
STREET ADDRESS	110 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOLD, DONALD DR	
STREET ADDRESS	134 S WOODS DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARMEN, ROBERT O	
STREET ADDRESS	110 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, MICHAEL	
STREET ADDRESS	110 LONGWOOD AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARDY, MICHAEL J	
STREET ADDRESS	110 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THOMPSON, PAUL M.D.	
13 STREET ADDRESS	96 WILLARD ST #106	
14 CITY-ST-ZIP	COCOA FL	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NIMOCKS, JAMES M.D.	
23 STREET ADDRESS	110 LONGWOOD AVE	
24 CITY-ST-ZIP	ROCKLEDGE FL	
31 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ARNOLD, DONALD M.D.	
33 STREET ADDRESS	134 S WOODS DRIVE	
34 CITY-ST-ZIP	ROCKLEDGE FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MURPHY, TERENCE M.	
43 STREET ADDRESS	110 LONGWOOD AVE	
44 CITY-ST-ZIP	ROCKLEDGE FL	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	WANICH, CHARLES M.D.	
53 STREET ADDRESS	375 S COURTENAY PKWY	
54 CITY-ST-ZIP	MERRITT ISLAND FL	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	PAYTON, BRUCE	
63 STREET ADDRESS	110 LONGWOOD AVE	
64 CITY-ST-ZIP	ROCKLEDGE FL	

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 119.07(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.

CR2E037 (12/95)

5/1/96

N42375

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BREVARD PPO  
ADDITIONAL BOARD OF DIRECTORS  
1995 - 1996

D  
PAGE, RALPH, M.D.  
1026 S. FLORIDA AVENUE  
ROCKLEDGE, FL 32955

D  
PAIGE, ROBERT, M.D.  
110 LONGWOOD AVE.  
ROCKLEDGE, FL

S/T/D  
JOHNSTON, GREG  
110 LONGWOOD AVE.  
ROCKLEDGE, FL