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

NONPROFIT
COMPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N42375

(8)

BREVARD PPO, INC.

Principal Place of Business Mailing Address							1 SOMINALI OIL BIDIN INDOOLINES INDO	) Bill Billy di	### #### ##### #######################	111 01011 1001	
110 LONGWOOD AVENUE P.O. BOX 565002. MS #93 ROCKLEDGE FL 32955-2828		110 LONGWOOD AVENUE P.O. BOX 585002. MS #93 ROCKLEDGE FL 32855-2828									
US	52005 E000	US				<ol> <li>Date Incorporated or Qualified 03/06/1991</li> </ol>	orated or Qualified 3a. Date of Last Report 05/01/1996				
2. Principal Pl.	ace of Business	2a. Malling Address			Ì	4. FEI Number 59-3083439	Applied For Not Applicable				
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re			
City & State	)	City & State				6. Election Campaign Financing		\$5.00	May Be		
23		Z <sub>1</sub> p Country				Trust Fund Contribution		Added 1			
Zip	Country	· • • • • • • • • • • • • • • • • • • •					8. This corporation has liability for intangible tax under s. 199.032,				
24	9, Name and Address of Current	29 Registered Agent	30	r			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	S. Hallis Silo Address of Culture	Hogieterea Agent		81	Name	··········	U. Haille alle Aderess et Heir F	08.000			
MURPHY, TERENCE M.				82							
110 LON	GWOOD AVENUE	8:			Street	Address (P.O. Box Number is Not Acceptable)					
ROCKLEI	DGE FL 32955										
				84	City			FL	85 Zip	Code	
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: typed or printed name of registered agent and title if applicable. (NOTI  12. OFFICERS AND DIRECTORS				Registered Agent algorature require 13.			hen reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTOR	2S INI 12	
TITLE	D OFFICERS AND			1.1 TITLE		Т	ADDITIONS/OFFAIRES TO OFF	IOLIIO AII	Change	Addition	
NAME	THOMPSON, PAUL DR		1,2 N								
STREET ADDRESS			1	1.3 STREET ADDRESS						-	
CITY-ST-ZIP				1.4 CITY-ST-ZIP							
TITLE	D	DELETE	_	2.1 TITLE		l		***************************************	Change	Addition	
NAME	NIMOCKS, JAMES M.D.	· · · · · · · · · · · · · · · · · · ·		2.2 NAME							
STREET ADDRESS	110 LONGWOOD AVENUE		2.3 \$		2.3 STREET ADDRESS						
CITY - ST - Z(P	ROCKLEDGE FL 32955-2828		2.41		2. 4 City-St-ZiP						
TITLE	CD			3.1 TITLE		1			Change	Addition	
NAME	ARNOLD, DONALD DR	R 3		3.2 NAME							
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS							
CITY - ST - ZIP	ROCKLEDGE FL		3.4. 0	3.4. CITY-ST-ZIP		-					
TITLE	D	DELETE	4.1 TITLE		,				Change	☐ Addition	
NAME	MURPHY, TERENCE M.		4.2		2 NAME						
STREET ADDRESS	110 LONGWOOD AVENUE	4.3 8		3 STREET ADDRESS							
CITY - ST - ZIP	ROCKLEDGE FL 32955-2828	2828 4.4		4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE		. ,				Change	Addition	
NAME	WANICH, CHARLES M.D.		5.2 NAME								
STREET ADDRESS	375 S. COURTENAY PKWY.		5.3 STREE		ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-		T - ZIP						
TITLE	D	<b>⋈</b> DELETE	6.1 TITLE						Change	Addition	
NAME	PAYTON, BRUCE		6.2 NAME								
STREET ADDRESS	110 LONGWOOD AVENUE		6.3 S	TREET	ADORESS						
CITY-SY-ZIP	ROCKLEDGE FL 32955-2828		6.4 C	ITY-S	T-ZIP						

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

INATURE AND TYPIND OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

04/30/97

(407) 636-2211 Daytime Phone # 0020299

**FILED** 

May 13 1997 8:00am

Secretary of State

## BREVARD PPO ADDITIONAL BOARD OF DIRECTORS 1996 - 1997

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. ROCLKEDGE, FL