

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

APPROVED
AND
FILED

95 MAR 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44337 (6)**
1. Corporation Name
NORTH BREVARD MEDICAL SUPPORT, INC.

Principal Place of Business Mailing Address
**11 MAX BREWER CAUSEWAY
TITUSVILLE FL 32796
US** **P. O. BOX 6012
TITUSVILLE FL 32782
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
07/17/1991 **03/21/1994**
4. FBI Number Applied For
59-3074052 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
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
**BAKER, ROD L.
11 MAX BREWER CAUSEWAY
TITUSVILLE FL 32796**

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 607.050 and 607.008, 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 609.050, Florida Statutes.

SIGNATURE *Rod L. Baker* **Rod L. Baker, President** **02-14-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D RUTA, T R 11 MAX BREWER CAUSEWAY TITUSVILLE FL
DP BAKER, ROD L 11 MAX BREWER CAUSEWAY TITUSVILLE FL
ST SPENCER, EARL JR 719 GARDEN ST TITUSVILLE FL
D FORBES, JOHN 2750 HICKORY HILL CT TITUSVILLE FL
DC JOHNSON, WALT 1320 S. CARPENTER RD TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Board Member Change Addition
1.2 NAME Ernest Librizzi
1.3 STREET ADDRESS 11 Max Brewer Causeway
1.4 CITY-ST-ZIP Titusville, FL 32796
2.1 TITLE DP Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Chairman Change Addition
3.2 NAME DC
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE D Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Secretary/Treasurer Change Addition
5.2 NAME ST
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 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 checked, or on an attachment with an address.

SIGNATURE: *Rod L. Baker* **Rod L. Baker, President** (407)-268-3411
Signature and typed or printed name of signing officer or director Date Daytime Phone #