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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44337 (6)

1. Corporation Name:
NORTH BREVARD MEDICAL SUPPORT, INC.



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

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 25

3. Date Incorporated or Qualified: 07/17/1991
3a. Date of Last Report: 03/06/1996
4. FEI Number: 59-3074052
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

10. Name and Address of New Registered Agent

BAKER, ROD L.
11 MAX BREWER CAUSEWAY
TITUSVILLE FL 32796

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 617.0507 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] (NOTE: Registered Agent signature required when reinstating) DATE: 2/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[] Change [] Addition
NAME	LIBRIZZI, ERNEST	1.2 NAME	
STREET ADDRESS	11 MAX BREWER CAUSEWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	[] Change [] Addition
NAME	BAKER, ROD L	2.2 NAME	
STREET ADDRESS	11 MAX BREWER CAUSEWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DC	3.1 TITLE	[] Change [] Addition
NAME	SPENCER, EARL JR	3.2 NAME	
STREET ADDRESS	719 GARDEN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	[] Change [] Addition
NAME	STEEL, GEORGE	4.2 NAME	
STREET ADDRESS	781 FLORENCIA CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	[] Change [] Addition
NAME	JOHNSON, WALT	5.2 NAME	
STREET ADDRESS	1320 S. CARPENTER RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 its supplemental annual reports, 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 applicable, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 3/3/97
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] TITLE: [Signature] Department File # 0015186

CR2E037 (9/96)