


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90096 050 ****61.25

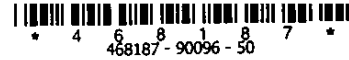
0015395

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N44337

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 US
--	--



2. Principal Place of Business 21 951 N. Washington Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/17/1991
City & State 23 Titusville, FL	City & State 28	4. FEI Number 59-3074052 Applied For Not Applicable
Zip Country 24 32796 25 US	Zip Country 29 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BAKER, ROD L. 11 MAX BREWER CAUSEWAY TITUSVILLE FL 32796		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Baker, Rod L.	82 Street Address (P.O. Box Number is Not Acceptable) 951 N. Washington Avenue	83	84 City Titusville FL 85 Zip Code 32796

(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: *Rod L. Baker* DATE: April 23, 1999

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 ST	<input type="checkbox"/> DELETE	3.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 C	<input type="checkbox"/> DELETE	5.1 TITLE Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: *Rod L. Baker* DATE: April 23, 1999 407-268-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)