


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N44337
 1. Entity Name
 NORTH BREVARD MEDICAL SUPPORT, INC.



Principal Place of Business
 213 BROAD STREET
 TITUSVILLE, FL 32796 US

Mailing Address
 P. O. BOX 6012
 TITUSVILLE, FL 32782 US

DO NOT WRITE IN THIS SPACE



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3074052

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BULNES, SANTIAGO F
 213 BROAD STREET
 TITUSVILLE, FL 32796

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOFFEL, JERRY
STREET ADDRESS	5630 BOB WHITE TRAIL
CITY-ST-ZIP	MIMS, FL 32754
TITLE	C
NAME	MIKITARIAN, GEORGE
STREET ADDRESS	951 NORTH WASHINGTON NE
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	WILLIAM, TERRY
STREET ADDRESS	325 WILLOS STREET
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	JOHNSON, WALT
STREET ADDRESS	1320 S. CARPENTER RD
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	T
NAME	SPENCER, EARL JR
STREET ADDRESS	719 GARDEN ST
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100000027749
 02/03/04-80059-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scottie O. Bulnes* Date: Jan 28, 2004 (321) 267-1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #