

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44337

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** NORTH BREVARD MEDICAL SUPPORT, INC.

**Current Principal Place of Business:**

213 BROAD STREET  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2969  
TITUSVILLE, FL 32781 US

**New Mailing Address:**

**FEI Number:** 59-3074052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULNES, SANTIAGO F  
213 BROAD STREET  
TITUSVILLE, FL 32796 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SEGO, GENE R  
Address: 1510 RIVERSIDE DR.  
City-St-Zip: TITUSVILLE, FL 32780

Title: C  
Name: MIKITARIAN, GEORGE  
Address: 951 NORTH WASHINGTON NE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: WILLIAM, TERRY  
Address: 325 WILLOW ST  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: CARMONA, PEDRO M.D.  
Address: 951 NORTH WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: TS  
Name: MOORE, LEE  
Address: 65 BROAD ST  
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANTIAGO F. BULNES

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date