

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90148 014 \*\*\*\*61.25



**DOCUMENT # N44337**

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

Principal Place of Business      Mailing Address

**213 BROAD STREET  
TITUSVILLE FL 32796  
US**      **P. O. BOX 6012  
TITUSVILLE FL 32782  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**22000737**

CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JORDAN, ROBERT</b> <b>1750 LAKESIDE DR</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MIKITARIAN, GEORGE</b> <b>951 NORTH WASHINGTON NE</b> <b>TITUSVILLE FL 32796</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WILLIAM, TERRY</b> <b>325 WILLOS STREET</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JOHNSON, WALT</b> <b>1320 S. CARPENTER RD</b> <b>TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SPENCER, EARL JR</b> <b>719 GARDEN ST</b> <b>TITUSVILLE FL 32796</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>JERRY NOFFEL</b> <b>5630 BOB WHITE TRAIL</b> <b>MIMS, FL 32754</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Earl Spencer*      Jan 21, 2003      321-267-0551

CR2E037 (10/02)