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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015660 (9)

1. Corporation Name
MEDICAL ASSOCIATES OF BREVARD, P.A.



Principal Place of Business
1402 SOUTH OAK STREET
MELBOURNE FL 32901

Mailing Address
1402 SOUTH OAK STREET
MELBOURNE FL 32901-3119

3. Date Incorporated or Qualified 02/20/1996
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields. Includes sub-sections for Suite, Apt #, etc., City & State, and Zip/Country.

4. FEI Number 59-3360315
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No)

9. Name and Address of Current Registered Agent
TURSE, JOHN
1402 SOUTH OAK STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when re-stating) DATE

Table 12: OFFICERS AND DIRECTORS. Columns for Title, Name, Street Address, City-St-Zip. Includes entries for TURSE, JOHN and ARMSTRONG, RAYMOND.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns for Title, Name, Street Address, City-St-Zip.

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 407-952-0700
Date Daytime Phone #

CR2E034 (9/96)