

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44337

FILED
Jan 15, 2009
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 6012
TITUSVILLE, FL 32782 US

New Mailing Address:

P. O. BOX 2969
TITUSVILLE, FL 32781 US

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 () Delete
Name: CROOKS, PEGGY
Address: 3430 FOXLANE ROAD
City-St-Zip: TITUSVILLE, FL 32780

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

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

Title: TS () Delete
Name: CARMONA, WALTER M.D.
Address: 951 NORTH WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32796

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CROOKS, PEGGY
Address: 3430 FOXLAKE ROAD
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANTIAGO F. BULNES

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date