

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44337

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

**Current Principal Place of Business:**

951 NORTH WASHINGTON AVE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

951 NORTH WASHINGTON AVE  
TITUSVILLE, FL 32796 US

**FEI Number: 59-3074052**

**Certificate of Status Desired: No**

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

MIKITARIAN, GEORGE  
951 NORTH WASHINGTON AVE  
TITUSVILLE, FL 32796 US

*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

**Officer/Director Detail :**

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

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

Title D  
Name JONES, ANNETHA  
Address 951 NORTH WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32796

Title TS  
Name RETZ, STAN  
Address 1415 SOUTH WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

*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: GEORGE MIKITARIAN**

**CHAIRMAN**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date