

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44337

FILED
Feb 13, 2015
Secretary of State
CC4479226341

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 WILLIAM, TERRY
Address 325 WILLOW ST
City-State-Zip: TITUSVILLE FL 32780

Title D
Name GALFO, ELIZABETH M.D.
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

PRESIDENT/CHAIRMAN

02/13/2015

Electronic Signature of Signing Officer/Director Detail

Date