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

Electronic Signature of Signing Officer/Director Detail

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

Officer/Director Detail :

Title	D	Title	С
Name	SEGO, GENE R	Name	MIKITARIAN, GEORGE
Address	1510 RIVERSIDE DR	Address	951 NORTH WASHINGTON AVE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32796
Title	D	Title	D
Name	WILLIAM, TERRY	Name	JONES, ANNETHA
Address	325 WILLOW ST	Address	951 NORTH WASHINGTON AVE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32796
Title	TS		
Name	RETZ, STAN		
Address	1415 SOUTH WASHINGTON AVE		
City-State-Zip:	TITUSVILLE FL 32780		

Certificate of Status Desired: No

02/27/2017 PRESIDENT/CHAIRMAN

FILED Feb 27, 2017 Secretary of State CC3164349731

Date

2017 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

Date