

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124268

**Entity Name:** VAX INC. OF BREVARD

**Current Principal Place of Business:**

2862 CENTRUM PL  
MELBOURNE, FL 32940

**Current Mailing Address:**

2862 CENTRUM PL  
MELBOURNE, FL 32940 US

**FEI Number:** 20-1549910

**Certificate of Status Desired:** No

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

FLAVIN NOONEY & PERSON CPAS  
2200 S. BABCOCK STREET  
MELBOURNE, FL 32901 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:** D HAYES

01/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VAXMONSKY, JERRY D  
Address 8083 CRESHIRE CT  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name VAXMONSKY, MARIE  
Address 8083 CRESHIRE CT  
City-State-Zip: MELBOURNE FL 32940

Title D  
Name VAXMONSKY, RYAN  
Address 6461 BORASCO DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title REGISTERED AGENT  
Name FLAVIN NOONEY & PERSON CPAS  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JERRY D VAXMONSKY

**PRESIDENT**

01/29/2023

Electronic Signature of Signing Officer/Director Detail

Date