2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # 464718** 1. Entity Name BREVARD PROFESSIONAL SERVICE CORP. Principal Place of Business Mailing Address 1304 OAK STREET 1304 OAK STREET MELBOURNE, FL 32901 MELBOURNE, FL 32901 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1556046 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHRADER, KEITH J MD DO NOT WRITE 1304 OAK STREET MELBOURNE, FL 32901 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when rounstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHRADER, KEITH J MD NAME STREET ADDRESS 1304 OAK STREET MELBOURNE, FL 32901 CITY - ST - ZIP -- U000000176409 01/10/05-80088-020 150.00 TITLE ROST, JEFFREY A MD NAME STREET ADDRESS 1304 OAK STREET CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME SALTZMAN, LYLE S MD STREET ADDRESS 1304 OAK STREET DO NOT WRITE CITY-ST-ZIP MELBOURNE, FL 32901 TITLE IN THIS SPACE CAMPS, MARIO A MD NAME STREET ADDRESS 1304 OAK STREET CITY-ST-ZIP MELBOURNE, FL 32901 TITLE ZIPPER, KIM E MD NAME STREET ADDRESS 1304 OAK STREET CITY-ST-ZIP MELBOURNE, FL 32901 tmr STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

January 4.

FILED