

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90160 019 ***150.00

DOCUMENT # 464718



1. Entity Name
BREVARD PROFESSIONAL SERVICE CORP.

Principal Place of Business
**1304 OAK STREET
MELBOURNE FL 32901**

Mailing Address
**1304 OAK STREET
MELBOURNE FL 32901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-1556046

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, MATTHEW W
1304 OAK STREET
MELBOURNE FL 32901**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, MATTHEW W		NAME		
STREET ADDRESS	1304 OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, STEPHEN E		NAME		
STREET ADDRESS	1304 OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALTZMAN, LYLE S		NAME		
STREET ADDRESS	1304 OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	VC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHRADER, KEITH J		NAME		
STREET ADDRESS	1304 OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSEY, JOHN E JR.		NAME		
STREET ADDRESS	1304 OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Keith J. Schrader, M.D. Chairman
Date: January 28, 2003 Daytime Phone #: (321)723-4723

CR2E034 (10/02)