

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493902

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: NORTH BREVARD CHILDREN'S MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

1653 JESS PARRISH CT.  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

1653 JESS PARRISH CT.  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 59-1637387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARIMO, DOUGLAS G MD  
1653 JESS PARRISH COURT  
TITUSVILLE, FL 32796 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARIMO, DOUGLAS G  
Address: 1653 JESS PARRISH CT.  
City-St-Zip: TITUSVILLE, FL 32796

Title: VDST ( ) Delete  
Name: ACEVEDO, ANGEL D  
Address: 1653 JESS PARRISH CT.  
City-St-Zip: TITUSVILLE, FL 32796

Title: STD ( ) Delete  
Name: RAMAN, RAVI G  
Address: 1653 JESS PARRISH CT  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS G BARIMO

PD

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date