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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601083 (9)

1. Corporation Name
BREVARD MEDICAL GROUP, P.A.

Principal Place of Business C/O MARK K PINKOWSKI, MD 1317 W POINT DR COCOA FL 32922	Mailing Address C/O MARK K PINKOWSKI, MD 1317 W POINT DR COCOA FL 32922
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 08/12/1969	3a. Date of Last Report 03/15/1994	4. FEI Number 59-1261626	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PINKOWSKI, MARK 1317 W POINT DR COCOA FL 32922	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME PINKOWSKI, MARK K.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1317 W POINT DRIVE	CITY- ST- ZIP COCOA, FL 00000	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE D	NAME BAEZ, RAYMOND	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1317 W POINT DR	CITY- ST- ZIP COCOA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE D	NAME FLORESCU, LUCIAN	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1317 W. POINT DRIVE	CITY- ST- ZIP COCOA FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE D	NAME ALESSANDRO ACOSTA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1317 W. POINT DR	CITY- ST- ZIP COCOA FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE D	NAME RICARDO PENA	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1317 W. POINT DR.	CITY- ST- ZIP COCOA, FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) **2/21/95 (907) 656-2021**