

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified 06/12/1969	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1261626	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 607.1505, 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **MARK K. Pinkowski** 2-1-96

12. OFFICERS AND DIRECTORS

1. NAME: **DP PINKOWSKI, MARK K.** DELETE

2. STREET ADDRESS: **1317 W POINT DRIVE COCOA, FL 00000**

3. CITY-ST-ZIP: **D** DELETE

4. NAME: **BAEZ, RAYMOND** DELETE

5. STREET ADDRESS: **1317 W POINT DR COCOA FL**

6. CITY-ST-ZIP: **D** DELETE

7. NAME: **FLORESCU, LUCIAN** DELETE

8. STREET ADDRESS: **1317 W. POINT DRIVE COCOA FL**

9. CITY-ST-ZIP: **D** DELETE

10. NAME: **ACOSTA, ALESSANDRO** DELETE

11. STREET ADDRESS: **1317 W. POINT DR. COCOA FL**

12. CITY-ST-ZIP: **D** DELETE

13. NAME: **PENA, RICARDO** DELETE

14. STREET ADDRESS: **1317 W. POINT DR. COCOA FL**

15. CITY-ST-ZIP: **D** DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE Change Addition

2. 12. NAME

3. 13. STREET ADDRESS

4. 14. CITY-ST-ZIP Change Addition

5. 2. 1. TITLE Change Addition

6. 2. 2. NAME

7. 2. 3. STREET ADDRESS

8. 2. 4. CITY-ST-ZIP Change Addition

9. 3. 1. TITLE Change Addition

10. 3. 2. NAME

11. 3. 3. STREET ADDRESS

12. 3. 4. CITY-ST-ZIP Change Addition

13. 4. 1. TITLE Change Addition

14. 4. 2. NAME

15. 4. 3. STREET ADDRESS

16. 4. 4. CITY-ST-ZIP Change Addition

17. 5. 1. TITLE Change Addition

18. 5. 2. NAME

19. 5. 3. STREET ADDRESS

20. 5. 4. CITY-ST-ZIP Change Addition

21. 6. 1. TITLE Change Addition

22. 6. 2. NAME

23. 6. 3. STREET ADDRESS

24. 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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]* **2-1-96** **407-636-2621**

CR2E034 (12/95)