

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 601083 (9)

1. Corporation Name
FAMILY MEDICAL CARE OF BREVARD, P.A.



Principal Place of Business Mailing Address
C/O MARK K PINKOWSKI, MD
1317 W POINT DR
COCOA FL 32922 C/O MARK K PINKOWSKI, MD
1317 W POINT DR
COCOA FL 32922-8464

3. Date Incorporated or Qualified 06/12/1969
3a. Date of Last Report 02/06/1996

2. Principal Place of Business 2a. Mailing Address
21 26
4. FEI Number 59-1261626
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes [X] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PINKOWSKI, MARK
1317 W POINT DR
COCOA FL 32922
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 of registered agent or person of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses of Mark K. Pinkowski, Raymond Baez, Lucian Florescu, Alessandro Acosta, and Ricardo Pena.

14. I do 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 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] 1-22-97 407-636-2621
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)