

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90004 041 ***150.00

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DOCUMENT # 601083

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

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1261626** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PINKOWSKI, MARK
1317 W POINT DR
COCOA FL 32922

7. Name and Address of New Registered Agent
 Name **MATTHEW T BURKE**
 Street Address (P.O. Box Number is Not Acceptable) **Certified Public Accountant**
503 North Orlando Avenue, Suite #106
Cocoa Beach, FL 32931
 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.
 SIGNATURE *Matthew T Burke* **CPA** DATE **2/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DR <input type="checkbox"/> Delete
NAME	PINKOWSKI, MARK K.
STREET ADDRESS	1317 W POINT DRIVE
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BAEZ, RAYMOND
STREET ADDRESS	1317 W POINT DR
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FLORESCU, LUCIAN
STREET ADDRESS	1317 W POINT DRIVE
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ACOSTA, ALESSANDRO
STREET ADDRESS	1317 W POINT DR.
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> Delete
NAME	PENA, RICARDO
STREET ADDRESS	1317 W. POINT DR.
CITY-ST-ZIP	COCOA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Martinez-Solis
STREET ADDRESS	1317 W. Point Dr.
CITY-ST-ZIP	Cocoa, FL
TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jolan Knappman
STREET ADDRESS	1317 W. Point Dr.
CITY-ST-ZIP	Cocoa, FL
TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Udell
STREET ADDRESS	1317 W. Point Dr
CITY-ST-ZIP	Cocoa, FL

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/19/02** DAYTIME PHONE #: **(321) 636-2621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)