

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90004 041 ***150.00

0116859 AV

DOCUMENT # 601083

1. Entity Name

FAMILY MEDICAL CARE OF BREVARD, 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1261626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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
 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

2/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (324) 636-2624

Date

Daytime Phone #

CR2E034 (9/01)