


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90078 012 \*\*\*150.00

**DOCUMENT # 601083**  
 1. Entity Name  
**FAMILY MEDICAL CARE OF BREVARD, P.A.**



Principal Place of Business Mailing Address  
**C/O ADMINISTRATOR** **C/O ADMINISTRATOR**  
~~1817 W POINT DR~~ ~~1817 W POINT DR~~  
~~COCOA FL 32922~~ ~~COCOA FL 32922~~

**94028939**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**375 S. COURTENAY PKWY** **375 S. COURTENAY PKWY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 7-B** **SUITE 7-B**  
 City & State City & State  
**MCRAITT ISLAND FL** **MCRAITT ISLAND, FL**

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

6. Name and Address of Current Registered Agent  
**BURKE, MATTHEW**  
**503 NORTH ORLANDO AVENUE**  
**SUITE 106**  
**COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent  
 Name **RAFAEL L. MULET, C.O.O.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**375 S. COURTENAY PKWY**  
**SUITE 7-B**  
 City **MCRAITT ISLAND** FL Zip Code **32952**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE **RAFAEL L. MULET, C.O.O.** *Rafael Mulet* **2/13/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	UDELL, ROBERT D.O.	1317 WEST POINT DR	COCOA FL 32922	<input type="checkbox"/>
ST	MARTINEZ-SOLIS, CARLOS	1317 W POINT DR.	COCOA FL	<input checked="" type="checkbox"/>
VP	KNAPPMAN, JOHN	1317 W. POINT DR.	COCOA FL	<input type="checkbox"/>
D	PENA, RICARDO	1317 W. POINT DR.	COCOA FL	<input type="checkbox"/>
VP	PAXSON, ROBERT	1317 W. POINT DR.	COCOA FL	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR	UDELL, ROBERT D.O.	375 S. COURTENAY PKWY STE 7-B	MCRAITT ISLAND, FL 32952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	HENRIQUEZ, ADALBERTO M.O.	375 S. COURTENAY PKWY STE 7-B	MCRAITT ISLAND, FL 32952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT	KNAPPMAN, JOHN M.O.	375 S. COURTENAY PKWY STE 7-B	MCRAITT ISLAND, FL 32952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY/TREASURER	PENA, RICARDO M.O.	375 S. COURTENAY PKWY STE 7-B	MCRAITT ISLAND, FL 32952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Knappman* **John Knappman** **2/13/04** **321-452-9138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #