2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90046 021 ***150.00

DOCUMENT # 601083

1. Entity Name

FAMILY MEDICAL CARE OF BREVARD, P.A.

Principal Place of Business	Mailing Address
375 S COURTENAY PKWY. STE. 7-B MERRITT ISLAND FL 32952	375 S COURTENAY PKWY. STE. 7-B MERRITT ISLAND FL 32952

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

1st MOORE CR2E034 (10/04)

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	7. Name and Address of New Registered Agent
MULET, RAFAEL L COO 375 S COURTENAY PKWY. STE. 7-B MERRITT ISLAND FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C.O.O / RAFAEL L. MULET 1/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) C.O.O. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	SECRETARY / TREASURER ☒ Change ☐ Addition
NAME	UDELL, ROBERT D.O.	NAME	UDELL, ROBERT
STREET ADDRESS	375 S COURTENAY PKWY. STE. 7-B	STREET ADDRESS	375 S. COURTENAY PKWY, STE 7-B
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HENRIQUEZ, ADALRZO	NAME	SMITH, DAVID
STREET ADDRESS	375 S COURTENAY PKWY., STE. 7-B	STREET ADDRESS	375 S. COURTENAY PKWY, STE 7-B
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	P ☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	KNAPPMAN, JOHN	NAME	KNAPPMAN, JOHN
STREET ADDRESS	375 S COURTENAY PKWY. ST.E 7-B	STREET ADDRESS	375 S. COURTENAY PKWY STE 7-B
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	ST ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	PENA, RICARDO	NAME	PENA, RICARDO
STREET ADDRESS	375 S COURTENAY PKWY. STE. 7-B	STREET ADDRESS	375 S. COURTENAY PKWY, STE 7-B
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	MERRITT ISLAND FL 3295
TITLE	VP ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	PAXSON, ROBERT	NAME	PAXSON, ROBERT
STREET ADDRESS	~~1317 W. POINT DR.~~	STREET ADDRESS	375 S. COURTENAY PKWY STE 7-B
CITY-ST-ZIP	COCOA FL	CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ROBERT H. PAXSON, MD PRESIDENT 1/24/05 (321) 455-7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #