
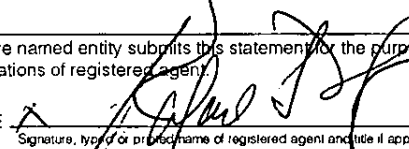


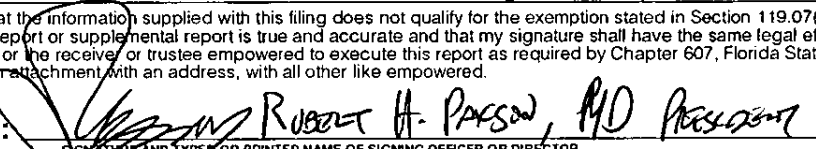
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 375 S COURTENAY PKWY. STE. 7-B MERRITT ISLAND FL 32952		Mailing Address 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		4. FEI Number 59-1261626 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULET, RAFAEL L COO 375 S COURTENAY PKWY. STE. 7-B MERRITT ISLAND FL 32952			7. Name and Address of New Registered Agent 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, type of or print name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRIQUEZ, ADALRZO		NAME	SHITA, 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	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 32952	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Type or Printed Name of Signing Officer or Director Date Daytime Phone #