2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State
01-14-2003 90064 023 ***150.00

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
C/O ADMINISTRATOR
Suite, Apt. #, etc.
1317 WEST POINT DR.
City & State
COCOA FL
Zip 32922
Country BREVARD

3. Mailing Address
C/O ADMINISTRATOR
Suite, Apt. #, etc.
1317 WEST POINT DR.
City & State
COCOA FL
Zip 32922
Country BREVARD

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
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 Rafael L. Mulet, CHIEF OPERATING OFFICER / ADMINISTRATOR 1/8/03
Signature, typed or printed 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, 2003 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
D	PINKOWSKI, MARK K.	1317 W POINT DRIVE	COCOA FL
D	MARTINEZ-SOLIS, CARLOS	1317 W POINT DR.	COCOA FL
T	KNAPPMAN, JOHN	1317 W. POINT DR.	COCOA FL
P	PENA, RICARDO	1317 W. POINT DR.	COCOA FL
VP	UDELL, ROBERT	1317 W. POINT DR.	COCOA FL

11. ADD OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	ROBERT C. UDELL D.O	1317 WEST POINT DR.	COCOA, FL 32922
VICE PRESIDENT	JOHN W. KNAPPMAN, MD	1317 WEST POINT DR.	COCOA FL 32922
SECRETARY / TREASURER	CARLOS MARTINEZ-SOLIS	1317 WEST POINT DR.	COCOA FL 32922
DIRECTOR	ROBERT H. PARSON, MD	1317 WEST POINT DR.	COCOA, FL 32922
DIRECTOR	RICARDO PENA, MD	1317 WEST POINT DR.	COCOA, FL 32922

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: Rafael L. Mulet, CHIEF OPERATING OFFICER / ADMINISTRATOR 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)