


**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

2. Principal Place of Business
C/O ADMINISTRATOR
Suite, Apt. #, etc.
1317 WEST POINT DR.

3. Mailing Address
C/O ADMINISTRATOR
Suite, Apt. #, etc.
1317 WEST POINT DR.

City & State
COCOA FL

City & State
COCOA FL

Zip
32922

Country
BREVARD

Zip
32922

Country
BREVARD



CHECK HERE IF MAKING CHANGES

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

BURKE, MATTHEW
503 NORTH ORLANDO AVENUE
SUITE 106
COCOA BEACH FL 32931

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. Mulot* **CHIEF OPERATIONS OFFICER / ADMINISTRATOR** **1/8/03**

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT C. UOELL D.O. 1317 WEST POINT DR. COCOA FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN W. KNAPPMAN, MD 1317 WEST POINT DR. COCOA FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER CARLOS MARTINEZ-SOLIS 1317 WEST POINT DR. COCOA FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FORREST H. PARSON, MD 1317 WEST POINT DR. COCOA FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICARDO PENA, MD 1317 WEST POINT DR. COCOA FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Mulot* **CHIEF OPERATIONS OFFICER / ADMINISTRATOR** **1/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)