

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 10: 52

DOCUMENT # 602409 (5)

1. Corporation Name  
**PEDIATRICS OF BREVARD, P.A.**

Principal Place of Business  
**134 S. WOODS DR.  
ROCKLEDGE FL 32955**

Mailing Address  
**134 S. WOODS DR.  
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/02/1970**

3a. Date of Last Report  
**02/03/1994**

4. FEI Number  
**59-1303156**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
**PHILPOT, THOMAS J., M.D., P.A.  
134 SOUTH WOODS DRIVE  
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILPOT, THOMAS J.
STREET ADDRESS	134 SOUTH WOODS DR
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	VD
NAME	ARNOLD, DONALD H.
STREET ADDRESS	134 S. WOODS DR.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	VD
NAME	KNAPPENBERGER, WILLIAM L
STREET ADDRESS	134 S. WOODS DR.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	STD
NAME	O'HEARN, RICHARD K.
STREET ADDRESS	134 S. WOODS DR.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	VD
NAME	KENASTON, THOMAS C.
STREET ADDRESS	134 S. WOODS DR.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	VD
NAME	ULRICH, MARY W
STREET ADDRESS	134 SOUTH WOODS DRIVE
CITY - ST - ZIP	ROCKLEDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E. LEIBA Director
1.3 STREET ADDRESS	134 South Woods Dr. VICE PRES.
1.4 CITY - ST - ZIP	Rockledge, FL 32955
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with attachments.

SIGNATURE: \_\_\_\_\_ DATE: **3-31-95** (107) **636-3066**