

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for additional locations.

3. Date Incorporated or Qualified: **10/02/1970**
3a. Date of Last Report: **04/04/1995**
4. FLTN Number: **59-1303156**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

PHILPOT, THOMAS J., M.D., P.A.
134 SOUTH WOODS DRIVE
ROCKLEDGE FL 32955

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code: **FL**

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, Title, For principal or registered agent and director only. (Block 12) (Block 13) (Block 14) (Block 15) (Block 16) (Block 17) (Block 18) (Block 19) (Block 20) (Block 21) (Block 22) (Block 23) (Block 24) (Block 25) (Block 26) (Block 27) (Block 28) (Block 29) (Block 30) (Block 31) (Block 32) (Block 33) (Block 34) (Block 35) (Block 36) (Block 37) (Block 38) (Block 39) (Block 40) (Block 41) (Block 42) (Block 43) (Block 44) (Block 45) (Block 46) (Block 47) (Block 48) (Block 49) (Block 50) (Block 51) (Block 52) (Block 53) (Block 54) (Block 55) (Block 56) (Block 57) (Block 58) (Block 59) (Block 60) (Block 61) (Block 62) (Block 63) (Block 64) (Block 65) (Block 66) (Block 67) (Block 68) (Block 69) (Block 70) (Block 71) (Block 72) (Block 73) (Block 74) (Block 75) (Block 76) (Block 77) (Block 78) (Block 79) (Block 80) (Block 81) (Block 82) (Block 83) (Block 84) (Block 85) (Block 86) (Block 87) (Block 88) (Block 89) (Block 90) (Block 91) (Block 92) (Block 93) (Block 94) (Block 95) (Block 96) (Block 97) (Block 98) (Block 99) (Block 100)

12. OFFICERS AND DIRECTORS

TITLE	PHILPOT, THOMAS J.	<input type="checkbox"/> DELETE
NAME	134 SOUTH WOODS DR	
STREET ADDRESS	ROCKLEDGE FL	
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNOLD, DONALD H.	
STREET ADDRESS	134 S. WOODS DR.	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNAPPENBERGER, WILLIAM L	
STREET ADDRESS	134 S. WOODS DR.	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	O'HERN, RICHARD K.	
STREET ADDRESS	134 S. WOODS DR.	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KENASTON, THOMAS C.	
STREET ADDRESS	134 S. WOODS DR.	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ULRICH, MARY W	
STREET ADDRESS	134 SOUTH WOODS DRIVE	
CITY-STATE-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(b), 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 an address.

SIGNATURE: *Thomas J. Philpot* Thomas J. Philpot 4-5-96 (407) 636-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)