

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700489

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: THE BREVARD COUNTY MEDICAL SOCIETY, INC.

## Current Principal Place of Business:

975 EYSTER BLVD  
BLDG 2-4  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

975 EYSTER BLVD  
BLDG 2-4  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 59-1148414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAILLE, LINDA  
975 EYSTER BLVD  
BLDG 2-4  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZIEGLER, BRIAN S MD  
Address: 830 EXECUTIVE LANE, SUITE 120  
City-St-Zip: ROCKLEDGE, FL 32955

Title: PED ( ) Delete  
Name: CHAPIN, KEVIN B DO  
Address: 1281 S. HICKORY STREET, SUITE E  
City-St-Zip: MELBOURNE, FL 32931

Title: VPD ( ) Delete  
Name: REILOVA, JOSE A MD  
Address: 1335 VALENTINE STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: TD ( ) Delete  
Name: CLEVENS, ROSS A MD  
Address: 1344 S. APOLLO BLVD, SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete  
Name: DOWDELL, BRIAN C MD  
Address: 308 S. HARBOR CITY BLVD., SUITE A  
City-St-Zip: MELBOURNE, FL 32901

Title: EDD ( ) Delete  
Name: PAILLE, LINDA D  
Address: 975 EYSTER BLVD., BLDG 2-4  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHAPIN, KEVIN B DO  
Address: 1281 S. HICKORY STREET, SUITE E  
City-St-Zip: MELBOURNE, FL 32901

Title: PED (X) Change ( ) Addition  
Name: REILOVA, JOSE A MD  
Address: 1335 VALENTINE STREET  
City-St-Zip: MELBOURNE, FL 32931

Title: VPD (X) Change ( ) Addition  
Name: DOWDELL, BRIAN D MD  
Address: 308 S. HARBOR CITY BLVD., SUITE A  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: COOPER, HOMI S MD  
Address: 1341 MEDICAL PARK DRIVE, SUITE 201  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA D. PAILLE

EDD

01/06/2006

Electronic Signature of Signing Officer or Director

Date