

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

## 1995



DOCUMENT # 765952

(7)

THE SOUTH BREVARD FOUNDATION FOR ADVANCEMENT OF  
MEDICAL CARE, INC.

## DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|----------|--|-----------|-----------|--------------|--|
| 108 W. NEW HAVEN<br>MELBOURNE FL 32901                                                                                                                                                                                                                                                                                                                                                                                |           | 108 W. NEW HAVEN<br>MELBOURNE FL 32901                                                                                                              |  | 3. Date of Incorporation (For Foreign)<br><b>12/03/1982</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  | 3a. Date of Last Report<br><b>04/26/1994</b>                                                                |  |                                                        |  |          |  |           |           |              |  |
| 4. FID Number<br><b>59-2430870</b>                                                                                                                                                                                                                                                                                                                                                                                    |           | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |  | 6. Initial Franchise Fee (Required)<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                          |  | 7. Nonprofit With No Franchise Fee<br><input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b> |  |                                                        |  |          |  |           |           |              |  |
| 8. Does corporation have liability for intangible tax under S. 199.03?<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                        |           | 9. Name and Address of Current Registered Agent<br><b>BOYD, JOEL E., ESQ.<br/>         100 RIALTO PL., STE. 800<br/>         MELBOURNE FL 32901</b> |  | 10. Name and Address of New Registered Agent<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">B1. Name</td> <td style="width:50%;"></td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3. City</td> <td></td> </tr> <tr> <td>B4. State</td> <td style="text-align: center;"><b>FL</b></td> </tr> <tr> <td>B5. Zip Code</td> <td></td> </tr> </table> |  | B1. Name                                                                                                    |  | B2. Street Address (P.O. Box Number is Not Acceptable) |  | B3. City |  | B4. State | <b>FL</b> | B5. Zip Code |  |
| B1. Name                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| B2. Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| B3. City                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| B4. State                                                                                                                                                                                                                                                                                                                                                                                                             | <b>FL</b> |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| B5. Zip Code                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| 11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation complies with the provisions of the Florida Statutes for the purpose of obtaining its registered status in the State of Florida. I am a duly qualified agent for the corporation and I am duly qualified to act as such. I am duly qualified to act as such. I am duly qualified to act as such. |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
| 12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation complies with the provisions of the Florida Statutes for the purpose of obtaining its registered status in the State of Florida. I am a duly qualified agent for the corporation and I am duly qualified to act as such. I am duly qualified to act as such. I am duly qualified to act as such. |           |                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                             |  |                                                        |  |          |  |           |           |              |  |
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**SIGNATURE:**

**Pablo Enriquez, M.D.**

**7/27/95**