

FILE NOW: FILING FEE IS \$61.25

**NON-PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 765952 (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**108 W. NEW HAVEN
MELBOURNE FL 32901**

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MELBOURNE FL 32901**



3. Date Incorporated or Qualified
12/03/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2430870

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, JOEL E., ESQ.
100 RIALTO PL., STE. 800
MELBOURNE FL 32901**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **V** ☐ DELETE
NAME **BANEY, RICHARD N., M.D.**
STREET ADDRESS **200 E. SHERIDAN RD.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **ZABINSKY, P., M.D.**
STREET ADDRESS **1405 S. PINE ST.**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **NELSON, HENRY, M.D.**
STREET ADDRESS **1318 S. PINE ST.**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ENRIQUEZ, PABLO, M.D.**
STREET ADDRESS **1341 S. HICKORY ST.**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Enriquez
Date

723.5480
Daytime Phone #

CR2E037 (12/95)