

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # H02151**1. Entity Name
BREVARD EMERGENCY SERVICES, P.A.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1600 SARNO RD SUITE 204 MELBOURNE 32935 US | 1600 SARNO RD SUITE 204 MELBOURNE 32935 US |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2409554

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KARCILIA JOHN R**
1686 W HIBISCUS BLVD**MELBOURNE FL**
32901**7. Name and Address of New Registered Agent**

Name

KARCILIA JOHN RStreet Address (P.O. Box Number is Not Acceptable)
GRAY, HARRIS, AND ROBINSON**1800 W. HIBISCUS BLVD**City
MELBOURNE**FL**Zip Code
32901

8. 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 **JOHN R. KARCILIA****01/11/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--------------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | P SHAPIRO MICHAEL MD |
| STREET ADDRESS | 128 LANSING ISLAND DRIVE |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32937 |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S JOCKOVICH MILAN MD |
| STREET ADDRESS | 1600 SARNO ROAD, SUITE 204 |
| CITY-ST-ZIP | MELBOURNE FL 32935 |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V MCPHERSON JOHN RMD |
| STREET ADDRESS | 1600 SARNO ROAD, SUITE 204 |
| CITY-ST-ZIP | MELBOURNE FL 32935 |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P SHAPIRO MICHAEL MD |
| STREET ADDRESS | 1600 SARNO ROAD, SUITE 204 |
| CITY-ST-ZIP | MELBOURNE FL 32937 |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A SHAPIRO**P****01/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)