

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H02151

1. Entity Name
BREVARD EMERGENCY SERVICES, P.A.



Principal Place of Business
1600 SARNO RD
SUITE 204
MELBOURNE, FL 32935 US

Mailing Address
1600 SARNO RD
SUITE 204
MELBOURNE, FL 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

04052004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
GRAY, HARRIS, AND ROBINSON
1800 W. HIBISCUS BLVD Suite 138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, MICHAEL A MD 1600 SARNO ROAD, SUITE 204 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, JOHN J MD 1600 SARNO ROAD, SUITE 204 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCPHERSON, JOHN R MD 1600 SARNO ROAD, SUITE 204 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

4-6-04 321 254 6218
Date Daytime Phone #

Michael A. Shapiro, MD President

04-13-2004 90034 013 ***150.00

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