2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# H02151

Entity Name: BREVARD EMERGENCY SERVICES, P.A.

Current Principal Place of Business:

1600 SARNO RD
SUITE 204
MELBOURNE, FL 32935 US

New Principal Place of Business:

2080 W EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935 US

Current Mailing Address:

1600 SARNO RD
SUITE 204
MELBOURNE, FL 32935 US

New Mailing Address:

2080 W EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935 US

FEI Number: 59-2409554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHAPIRO, MICHAEL A MD
Address: 1600 SARNO ROAD, SUITE 204
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: PARKER, JOHN J MD
Address: 1600 SARNO ROAD, SUITE 204
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: MCPHERSON, JOHN R MD
Address: 1600 SARNO ROAD, SUITE 204
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHAPIRO, MICHAEL A MD
Address: 2080 W EAU GALLIE BLVD, SUITE A
City-St-Zip: MELBOURNE, FL 32935

Title: VP (X) Change ( ) Addition
Name: HOPKINS, PHILLIP MD
Address: 2080 W EAU GALLIE BLVD, SUITE A
City-St-Zip: MELBOURNE, FL 32935

Title: S (X) Change ( ) Addition
Name: BROWN, MARTY MD
Address: 2080 W EAU GALLIE BLVD, SUITE A
City-St-Zip: MELBOURNE, FL 32935

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHAPIRO PRES 01/12/2006
Electronic Signature of Signing Officer or Director Date