

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02151

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BREVARD EMERGENCY SERVICES, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

2080 W EAU GALLIE BLVD  
MELBOURNE, FL 32935 US

## Current Mailing Address:

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

## New Mailing Address:

2080 W EAU GALLIE BLVD  
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: 2080 W EAU GALLIE BLVD, SUITE A  
City-St-Zip: MELBOURNE, FL 32935

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 A. SHAPIRO, MD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date