

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H02151

FILED
Sep 17, 2009
Secretary of State

Entity Name: BREVARD EMERGENCY SERVICES, P.A.

Current Principal Place of Business:

2080 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2080 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

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
1795 WEST NASA BLVD
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

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: GRIFFIN, PATRICK MD
Address: 2080 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: SEC () Delete
Name: MEHINDRU, VINAY K MD
Address: 2080 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

09/17/2009

Electronic Signature of Signing Officer or Director

Date