FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J08836** **(5)**

1. Corporation Name
BREVARD MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
375 S. COURTENAY PARKWAY STE. 6 MERRITT ISLAND FL 32952 US	375 S. COURTENAY PARKWAY STE. 6 MERRITT ISLAND FL 32952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2668555 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PISHKO, CONSTANCE L.
375 S. COURTENAY PARKWAY
STE. 6
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DST	☒ Change ☐ Addition
NAME	TOBIN, LAURA W.	12 NAME		
STREET ADDRESS	819 NINTH ST.	13 STREET ADDRESS	236 Via Havarre	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	Merritt Islawnd, Fl	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	TOBIN, TOM L.	22 NAME		
STREET ADDRESS	819 NINTH ST.	23 STREET ADDRESS	236 Via Havarre	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	Merritt Island, Fl	
TITLE	DST	31 TITLE	DP	☒ Change ☐ Addition
NAME	PISHKO, CONSTANCE L.	32 NAME		
STREET ADDRESS	845 BERKSHIRE DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	PISHKO, JOHN K.	42 NAME		
STREET ADDRESS	845 BERKSHIRE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance L. Pishko, PRES CONSTANCE L. PISHKO, PRES 4/13/95 407-452-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070096 CP