

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J08836 (5)
 1. Corporation Name
BREVARD MEDICAL MANAGEMENT, INC.



Principal Place of Business 375 S. COURTENAY PARKWAY STE. 6 MERRITT ISLAND FL 32952 US	Mailing Address 375 S. COURTENAY PARKWAY STE. 6 MERRITT ISLAND FL 32952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 230 So Courtenay Parkway Suite, Apt. #, etc.		2a. Mailing Address 27 Same		3. Date Incorporated or Qualified 04/10/1986	
22 City & State 23 Merritt Island		27 City & State 28 Same		4. FEI Number 59-2668555	
24 Zip 32952		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 City & State 27 Same		28 City & State 29 Same		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 30 32952		30 Country 31 USA		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Pishko Constance L. 82 230 So. Courtenay Parkway 83 84 Merritt Island FL 85 32952	
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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 Constance L. Pishko (NOTE: Registered Agent signature required when reinstating) DATE 4-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, LAURA W.	1.2 NAME	
STREET ADDRESS	236 VIA HAVARRE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, TOM L.	2.2 NAME	
STREET ADDRESS	236 VIA HAVARRE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISHKO, CONSTANCE L.	3.2 NAME	
STREET ADDRESS	845 BERKSHIRE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISHKO, JOHN K.	4.2 NAME	
STREET ADDRESS	845 BERKSHIRE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)