2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91190 006 ****61.25
J08836

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 AM 8:36

DOCUMENT # J08836

1. Entity Name: Brevard Medical Management

Principal Place of Business: 230 S. Courtenay Parkway Merritt Island, Fl 32952

Mailing Address: same

2. Principal Place of Business: same as above
Suite, Apt. #, etc.: 0
City & State:
Zip: Country:

3. Mailing Address: same as above
Suite, Apt. #, etc.: 0
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent:
Laura W. Tobin owner
236 Via Havarre Ave
Merritt Isl, Fl 32953

7. Name and Address of New Registered Agent:
Name: LAURA W. Tobin
Street Address (P.O. Box Number is Not Acceptable): 236 Via Havarre Ave
City: Merritt Isl. FL Zip Code: 32953-2919

8. 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: Laura W Tobin, Pres. 5/16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasure Constance L Pishko 1210 Meadow Lake Rd Rockledge, Fl 32955	☑ Delete	President/Sole owner Laura W Tobin 236 Via Havarre Ave Merritt Island, Fl 32953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President John K. Pishko 1210 Meadow Lake Rd Rockledge, Fl 32955	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura W Tobin, Pres. 5/16-01 (321) 452-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #