

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:56

DOCUMENT # J28014 (5)
1. Corporation Name
BREVARD CARDIOLOGY GROUP, P.A.

Principal Place of Business
**80 FORTENBERRY ROAD
MERRITT ISLAND FL 32952-4899**

Mailing Address
**80 FORTENBERRY ROAD
MERRITT ISLAND FL 32952-4899**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/05/1986** 3a. Date of Last Report **03/17/1994**

4. FEI Number **59-2675034** Applied For ☐
Not Applicable ☒

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

6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**JONES, HARRY A. P.A.
750 COUNTRY CLUB DR.
TITUSVILLE FL 32781-9907**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MESSERSMITH, DONALD P.	1.2 NAME	
STREET ADDRESS	80 FORTENBERRY ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHARFF, NORBERT D.	2.2 NAME	
STREET ADDRESS	80 FORTENBERRY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	FINTON, CHRIS K.	3.2 NAME	
STREET ADDRESS	80 FORTENBERRY ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEIKH, KHALID	4.2 NAME	
STREET ADDRESS	80 FORTENBERRY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KILLEABY, EUGENE	5.2 NAME	
STREET ADDRESS	80 FORTENBERRY RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #