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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



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

Mailing Address
80 FORTENBERRY ROAD
MERRITT ISLAND FL 32952-3616

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1986	3a. Date of Last Report 04/05/1996
21	Suite, Apt. #, etc.	26	P.O. Box 565002, MS # 75	4. FEI Number 59-2676034	Applied For Not Applicable
22	City & State	27	N/A	5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
23	Zip	28	Rockledge, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	32956-5002	30	US
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81 Name
Messersmith, Donald
82 Street Address (P.O. Box Number is Not Acceptable)
80 Fortenberry Road
83
84 City
Merritt Island FL
85 Zip Code
32952

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 re-stating)

04/30/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEAVY, 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	<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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97

Date

(407) 636-2211

Daytime Phone #

0108743

CR2E034 (9/96)