

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74029

FILED
Jan 10, 2011
Secretary of State

Entity Name: BREVARD REHABILITATION MEDICINE, P.A.

Current Principal Place of Business:

101 E. FLORIDA AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

101 E. FLORIDA AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2821290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1795 WEST NASA BLVD
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MILLER M.D., STUART P
Address: 101 E. FLORIDA AVE
City-St-Zip: MELBOURNE, FL 32901

Title: STD
Name: OLSSON, JAY E D.O.
Address: 101 E FLORIDA AVE
City-St-Zip: MELBOURNE, FL 32901

Title: M
Name: ADDINGTON, W. ROBERT D.O.
Address: 101 E. FLORIDA AVE.
City-St-Zip: MELBOURNE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STUART P MILLER

PD

01/10/2011

Electronic Signature of Signing Officer or Director

Date