FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K29797** **(3)**

1. Corporation Name
BREAST CENTER OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
% JOEL E. BOYD 100 RIALTO PL. #510 MELBOURNE FL 32901 US	% JOEL E. BOYD 100 RIALTO PL. #510 MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/25/1988**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-2908927** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

BOYD, JOEL E.
~~7800 W HIBISCUS BLVD, SUITE 138~~
~~MELBOURNE FL 32901~~

10. Name and Address of New Registered Agent

81 Name: JOEL E. BOYD
82 Street Address (P.O. Box Number is Not Acceptable): 100 Rialto Place
83: Suite 510
84 City: Melbourne FL 85 Zip Code: 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, JOEL E.	1.2 NAME	
STREET ADDRESS	100 RIALTO PL, STE 510	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, RAYMOND MD	2.2 NAME	
STREET ADDRESS	1331 S. VALENTINE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, JASHBHAI MD	3.2 NAME	
STREET ADDRESS	1331 S. VALENTINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, CAROLE	4.2 NAME	
STREET ADDRESS	1331 S VALENTINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, RAYMOND MD	5.2 NAME	
STREET ADDRESS	1331 S. VALENTINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE 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 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: _____ 4/21/95 407-773-3586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Raymond A. Armstrong

0004229 CP