SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY 11 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001488502
-05/16/95 -01072 -003
****200.00 ****200.00

DOCUMENT # **K70569** **(4)**

1. Corporation Name
FAMILY PRACTICE OF BREVARD - PALM BAY, INC.

Mailing Address	Principal Place of Business
C/O BRUCE A. MITCHELL ESQ.	C/O BRUCE A. MITCHELL ESQ.
1825 S RIVERVIEW DR	1825 S RIVERVIEW DR
MELBOURNE FL 32901	MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report: 03/29/1993

2. Mailing Address	2a. Principal Place of Business
21 c/o John Kancilia	26 c/o John Kancilia
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 516 N. Harbor City Blvd.	27 516 N. Harbor City Blvd.
City & State	City & State
23 Melbourne, FL 32935	29 Melbourne, FL 32935
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 59-2947314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired $3.75 Additional Fee Required ☐

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL, BRUCE A. 1825 S RIVERVIEW DR MELBOURNE FL 32901	81 Name: JOHN KANCILIA 82 Street Address (P.O. Box Number is Not Acceptable): 516 N. HARBOR City Blvd 83 84 City: MELBOURNE FL 85 Zip Code: 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/26/95
(Signature (signature required from Registered Agent and title if applicable) NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P	11 TITLE	
12 NAME	THOMAS, BRUCE J.	12 NAME	
13 STREET ADDRESS	150 FIFTH AVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	200001488502 -05/16/95 -01072 -004 *****25.00 *****25.00
21 TITLE	D/S	21 TITLE	
22 NAME	STEWART, CHARLES S. III	22 NAME	
23 STREET ADDRESS	150 FIFTH AVENUE	23 STREET ADDRESS	
24 CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	
32 NAME	LAYTON, NANCY L. R.	32 NAME	
33 STREET ADDRESS	150 FIFTH AVENUE	33 STREET ADDRESS	
34 CITY-ST-ZIP	INDIALANTIC FL	34 CITY-ST-ZIP	
41 TITLE	D	41 TITLE	
42 NAME	RUSTEMEIER, MARK A.	42 NAME	
43 STREET ADDRESS	150 FIFTH AVENUE	43 STREET ADDRESS	
44 CITY-ST-ZIP	INDIALANTIC FL	44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	SCC 5-11-95

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 3/5/95 (407) 984-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
BRUCE J THOMAS II, MD 3/5/95

0018087