FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	N341	10
Corporation Name	π	1404 I	IJ

(3)

BREVARD COUNTY MEDICAL SOCIETY ALLIANCE, INC.

MAPPICATION							1			
110 BARTON AVENUE ROCKEDGE FL 32855 2 Superport Place of Business 2 Manage Advisess 2 Superport Place of Business 3 Superport Place of Business 4 Superport	Principal Plac	ce of Business	Mailing Address							BYEN BYEN BYEN GER
110 BARTON AVENUE ROCKEDGE FL 32855 2 Superport Place of Business 2 Manage Advisess 2 Superport Place of Business 3 Superport Place of Business 4 Superport	C/O CHRIS	STINE WEI CH	C/O CUDICTINE WEI	CII						
ROCKLEDGE FL 32855 PROCINCIPOSE FLORE OF Discinnes										
2. Mailing Address 2. Mailing Ad	ROCKLEDG	iE FL 32955					2.0	T		
2. Making Adverses 2. Making Adverses 2. Making Adverses 2. Suite April #, etc. 3. Suite April #, etc. 4. Suite April #, etc. 5. Contribution Controlled #, etc. 5. Controlled #, etc. 5. Controlled #, etc. 5. Suite April #, etc. 5. Suite April #, etc. 5. Suite Ap										
Sules, Aut. III, dit. Sules, Apr. III, etc. Sules,	2. Principal F	Place of Business	2a. Mailing Address					L	<u>03/ I</u> t	
Solito, April P. etc. Solito Solit	21		— ~ ~							
Cry & State Cry & State 27	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						¢Q.	
City A State City A State City	22		27				5. Certificate of Status Desired			
Added to Fees Page		te	⊢ ′ · · · · ·				6. Election Campaign Financing			
SANSOM, DIXIE N. 110 BARTON AVENUE ROCKLEDGE FI 32955 83 84 City FL 85 Zo Codo 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fiorids Statutes, the above named corporation's submits this statement for the purpose of changing its registered agent. I similar work and occupe the application of Section 617,0502 and 617,1508. Fiorids Statutes, the above named corporation's submits this statement for the purpose of changing its registered difference registered agent, or accit, in the State of Forids. Such closing was authorized by the corporation's board of directors. I hereby accept the application of Section 617,0502 and 617,0503. Florids Statutes, the above named corporation's board of directors. I hereby accept the application of Section 617,0503. Florids Statutes, the above named corporation's board of directors. I hereby accept the application of sections. I hereby accept the application of sections and applications are received agent. I section of sections are received agent. I section of sect				· · · · · · · · · · · · · · · · · · ·						
SANSOM, DXIE N. 110 BARTON AVENUE ROCKLEDGE FL 32855 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 617,0502 and 617,1508. Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corposition's board of directors. I hereby accept the appointment as registered agent. The State of Florida. Such change was authorized by the corposition's board of directors. I hereby accept the appointment as registered agent. I am training with, and accept the obligation of, socion of 17,0503, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. I am training with, and accept the obligation of, socion of 17,0503, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Socions 617,0502 and 617,1508. Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered directors. I hereby accept the appointment as registered agent. I am training with an accept the obligation of, socion of 17,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIFF CTOS 13. AFFILIONS CHANGES TO OFFICE HS AND DIFF CTOS I agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appointment as registered agent. I am I all the proper of the appoi		 	 	<u> </u>	f		8. This corporation has liability for in	tangible ta	under	s. 199.032,
SANSOM, DIXIE N. 110 BRATTON AVENUE ROCKLEDGE FL 32955 88 64 City FL 85 Zo Code 11. Pursuant to the provisions of Sections 617 (500) and			rrent Registered Agent	30						
SANSOM, DIXIE N. 110 BARTON AVENUE ROCKLEDGE FL 32955 82 STOCT Address (P.O. Box Number is Not Acceptable) 11. Fursiant to the productor of Section 617 7508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. Or port, in the Saleto of Flore 2 and 617 7508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered agent. Or port in the Saleto of Flore 2 and 617 7508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered agent. I am statement for the purpose of changing its registered office for registered agent. I am statement for the purpose of changing its registered office for registered agent. I am statement for the purpose of changing its registered office for registered agent. I am statement for the purpose of changing its registered office for registered agent. I am statement for the purpose of changing its registered office for registered office for registered agent. I am statement for the purpose of changing its registered office for registered office for registered office for registered office for registered agent. I am statement for the purpose of changing its registered office for registe			mont nogistered Agent	81	I N	ame	10. Name and Address of New Re	gistered A	gent	
11. Pursuant to the provisions of Sections 617,0002 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing his registered office or registered eigent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing his registered office or registered eigent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing his registered dispose. 11. Pursuant to the provisions of Sections 617,0508, Florids Statutes, the above mand disposed eigent, or both, in the State of Florids. Such change was authorized by the corporation submits in the purpose of changing his registered disposed and provisions and the purpose of changing his registered disposed in the purpose of changing his registered disposed. I am the state of Florids Statutes and the purpose of changing his registered disposed in the purpose of changing his registered disposed in the purpose of changing his registered disposed disposed disposed disposed disposed his registered disposed disposed disposed his registered disposed d	SANSO	M DIYIE N								
ROCKLEDGE FL 32955 83				82	S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
T1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am or continue with, evid accept the obligations of, Sociotion 617,0503, Prode Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ALFOHONS CHANGES TO OFFICERS AND DIRECTORS 13. ALFOHONS CHANGES TO OFFICERS AND DIRECTORS 13. ALFOHONS CHANGES TO OFFICERS AND DIRECTORS TO OFFICE AND DIRECTORS TO OFFICE				83						
11. Pursuant to the provisions of Socions 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered digner, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as elegistered agent, I am submits this statement for the purpose of changing its registered diffice annihim with, and accept the obligations of Socion 617,0503, Blockd Statutes. SIGNATURE Signature to the purpose of changing its registered diffice annihim with, and accept the obligations of Socion 617,0503, Blockd Statutes. FIRST Representation between the purpose of changing its registered diffice annihim with a submit of the purpose of changing its registered diffice annihim with a submit of the purpose of changing its registered diffice annihim with a submit of the purpose of changing its registered diffice annihim with a submit of the purpose of changing its registered diffice. SIGNATURE SIGNATUR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
11. Pursuant to the provisions of Socions 617,0502 and 617,1508, Florida Statutes, the above-nemod corporation submits this statement for the purpose of changing its registered office or registered agent, it bent, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am or investigation of socion 617,0503, Florida Statutes. SIGNATURE 12.				84	Ci	ity		E	85	Zip Code
SIGNATURE Comparison of the collegations of, Section 617.0503, Florido Statutes. Comparison of united as registered agent. Early	11. Pursuant	to the provisions of Sections 617.0	0502 and 617,1508, Florida Statut	tes, the above-r	<u>i</u> nami	ed corporat	ion submits this statement for the pure		oioa it	o recistored office
SIGNATURE Standards by printed name of regulating days and standards POSTE Registance Appril by patine recurrent when noministing OATH	or registe familiar w	red agent, or both, in the State of I ith, and accept the obligations of :	Florida. Such change was authoriz Section 617 0503. Florida Statutoi	zed by the corp	orati	ion's board	of directors. I hereby accept the appoi	ntment as r	egister	ed agent. I am
SUPPLY PART OF UNITED ADDRESS OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS OF LANGES TO OFFICERS AND DIRECTORS IN 12 TILLI RCS MAME MENZEL, MARY LEE 12 NAME 11 NAME 12 NAME 1940 GATES ROAD 13 SIREIT ADDRESS 1940 GATES ROAD 13 SIREIT ADDRESS 1940 GATES ROAD 14 CITY-SI-2P MERRITT IS LAND FL 14 CITY-SI-2P MERRITT IS LAND FL 14 CITY-SI-2P 10 Change Addition 15 SIREIT ADDRESS 16 STREET ADDRESS 17 STREET ADDRESS 18 STREET A		,, generic en	outlier of the cood, Florida Otalike.	s.						
THE RCS DELETE DELETE 1.1TITLE DELETE DELETE DELETE 1.1TITLE DELETE DELETE DELETE DELETE 1.1TITLE DELETE DELE		Stanature, typed or printed name of registered	agent and title if applicable. (No	OTE: Registered Ager	nt sign	af ire required v	when reinstating)	DATE		
MENZEL, MARY LEE 1940 GATES ROAD MERRITT ISLAND FL 14 CITY-ST-2P MERRITT ISLAND FL 14 CITY-ST-2P MORENO, RITA 22 NAME MORENO, RITA 23 STREEL ADDRESS 633 CEDARSIDE WAY MELBOURNE FL 2 COTY-ST-2P NAME SANSOM, DIXIE N. 32 NAME SANSOM, DIXIE N. 33 STREET ADDRESS CITY-ST-2P 10 DELETE 41 TITLE 10 Change Addition AMAE ABAD, JULIANNE 42 NAME SIREET ADDRESS SATELLITE BEACH FL DELETE 51 TITLE CHANGE 52 NAME SIREET ADDRESS SATELLITE BEACH FL ALCHY-ST-2P MAME SIREET ADDRESS SATELLITE BEACH FL ALCHY-ST-2P MAME SIREET ADDRESS SON-ST-2P 54 CITY-ST-2P MAME SIREET ADDRESS SIREET ADDRESS SATELLITE BEACH FL ALCHY-ST-2P Addition ADDRESS SATELLITE BEACH FL ALCHY-ST-2P Addition ADDRESS SATELLITE BEACH FL ALCHY-ST-2P Addition ADDRESS SATELLITE BEACH FL ALCHY-ST-2P ADDRESS SATELLITE BEACH FL ALC			AND DIRECTORS						DIREC	IORS IN 12
STREET ADDRESS OTY-ST-ZIP TO DELETE			☐ DELETE	1.1 TOLE) Change	e
MERRITT ISLAND FL TO				1.2 NAME						_
TO ODELTE 21 TITLE				13STREET	ADOR	RESS				
MORENO, RITA STRET ADDRESS 633 CEDARSIDE WAY 23 STREE ADDRESS CITY-ST-ZIP MELBOURNE FL 2 + CITY-ST-ZIP TITLE D DELETE 31 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 41 TITLE TD ABAD, JULIANNE ABAD, JULIANNE ABAD, JULIANNE 42 NAME STREET ADDRESS CITY-ST-ZIP TITLE ABAD, STREET ADDRESS CITY-ST-ZIP TITLE ABAD, STREET ADDRESS SATELLITE BEACH FL DELETE 51 TITLE NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE ABAD STREET ADDRESS SATELLITE BEACH FL Addition Addition Addition Addition Addition STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE AMAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE AMAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE AMAME 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE AMAME 54 NAME 55 NAME 56 STREET ADDRESS 56 CITY-ST-ZIP TITLE AMAME 56 STREET ADDRESS 57 STREET ADDRESS 58				1.4 CITY-S	T - 71P	·				
STREET ADDRESS CITY-ST-ZIP MELBOURNE FL D D DELETE 31 TITLE D SANSOM, DIXIE N. 32 NAME SANSOM, DIXIE N. 110 BARTON AVENUE 33 STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 41 TITLE ABAD, JULIANNE 42 NAME SIRRET ADDRESS CITY-ST-ZIP NAME ABAD, JULIANNE 42 NAME SIRRET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE		'-	T_IDETE LE	21 TITLE		ļ			Change	Addition
MELBOURNE FL 2 4 CITY-ST-ZIP				2.2 NAME						
D DELETE 31 TITLE Change Addition										
SANSOM, DIXIE N. STREET ADDRESS CITY-ST-ZIP THE TD DELETE ABAD, JULIANNE STREET ADDRESS CITY-ST-ZIP THE ABAD, JULIANNE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THE INFORMATION INDICATED ADDRESS CITY-ST-ZIP THE INDICA			Caperere		ST - Zif	>				
STREET ADDRESS CITY-ST-ZIP TO DELETE 4.1 TITLE ABAD, JULIANNE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Addition TO Addition TO Addition TO Addition TO Addition TO ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TO ADDRESS CITY-ST-ZIP ADDRESS CITY-		=							Change	Addition
CITY-ST-ZIP ROCKLEDGE FL 34 CITY-ST-ZIP TITLE TD ABAD, JULIANNE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME 54 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZI										
THE TD DELETE 4.1 THE DELETE 4.1 THE DELETE 4.1 THE DELETE 4.1 THE DELETE ABABD, JULIANNE 4.2 NAME STREET ADDRESS 922 LOGGERHEAD 4.3 STREET ADDRESS CITY-S1-ZIP SATELLITE BEACH FL 4.4 CITY-S1-ZIP THLE DELETE 5.1 THE CHange Addition 5.2 NAME STREET ADDRESS CITY-S1-ZIP THLE DELETE 6.1 THE CHANGE STREET ADDRESS CITY-S1-ZIP THLE DELETE 6.1 THE CHANGE STREET ADDRESS CITY-S1-ZIP 1.1 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)(k). Florida Statutes. I further certify that the information inoctated 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 certify that I am an officer or precipior of the composition or the receiper or that a more receiper or that I am and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or precipior of the composition or the receiper or that a manual report is true and accurate and that my signature shall have the same legal effect as if made under certified the composition or the receiper or the proporties true and accurate and that my signature shall have the same legal effect as if made under certified the composition or the receiper or the proporties true and accurate and that my signature shall have the same legal effect as if made under certified the composition of the receiper or the proporties the certified the composition of the receiper or the proporties the certified the composition of the receiper or the proporties the certified the composition of the receiper or the proporties the certified the										
ABAD, JULIANNE 922 LOGGERHEAD 4. 2 NAME 922 LOGGERHEAD 5. SATELLITE BEACH FL 1. JDELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 1. J do hereby certify that the infermation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 certify that the same same legal effect as if made under certification and certification that the same same same same same same same sam	THILE		□ OF1 FTF		ı - ZIF	<u></u>			Character	A A A A A A A A A A A A A A A A A A A
STREET ADDRESS CITY- S1-ZIP SATELLITE BEACH FL DELETE S1 TIFLE NAME STREET ADDRESS CITY- S1-ZIP DELETE DELETE DELETE S1 TIFLE S1 TIFLE S2 NAME S3 STREET ADDRESS CITY- S1-ZIP DELETE DELETE S4 CITY- S1-ZIP S1 FEEL ADDRESS CITY- S1-ZIP S1 FEEL ADDRE	NAME	, · · ·						Ц	unange	: LI Addition
SATELLITE BEACH FL 17. ILLE NAME STREET ADDRESS CITY-ST-ZIP 17. ILLE NAME STREET ADDRESS CITY-ST-ZIP 17. ILLE 17. IL	STREET ADDRESS				ልበረነው	156				
TILLE DELETE 51 TITLE Change Addition	CITY - ST - ZIP									
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 6.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the infermation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that I am an officer or overcitor of the corporation or trustee employer 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 overcitor of the propriet or trustee employered to execute that my signature shall have the same legal effect as if made under	TITLE		DELETE		, - ZII'				Channe	☐ Addition
53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition	NAME					1		1	Shange	FT MOUNT
5 4 CITY-ST-ZIP DELETE	STREET ADDRESS				ADDR	ESS				
DELETE 6.1 TITLE Change	CITY - ST - ZIP									
NAME 6.2 NAME 6.3 STREEL ADDRESS CITY_ST_ZIP 6.4 CITY_ST_ZIP 6.4 CITY_ST_ZIP 6.4 CITY_ST_ZIP 1.1 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)(k). Florida Statutes. I further certify that I am an officer or properties of the corporation or the prepier or trustee employered to execute and that my signature shall have the same legal effect as if made under certify that I am an officer or properties of the corporation or the prepier or trustee employered to execute the control of the corporation of the corporation of the properties of the corporation of the	TITLE		DELETE		:-				Change	Addition
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)(k), Florida Statutes. I further certify that I am an officer or prector of the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if made under	NAME			6.2 NAME						
14. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(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 precion of the compation or the receiver or trustee amounted the executed this receiver 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	STREET ADDRESS			63 STREET	ADDRI	ESS				
oath, that I am an officer or precion of the composition or the receiver or trustee empowered to expected that my signature shall have the same legal effect as if made under	CITY-ST-ZIP		<u>-</u>	64 City-St	- 7IP					
oath, that I am an officer or precion of the composition or the receiver or trustee empowered to expected that my signature shall have the same legal effect as if made under	 I do hereby certify that 	y certify that the information supplied the information indicated on this a	ed with this filing is voluntarily furn	ished and does	not	qualify for t	the exemption stated in Section 119.07	(3)(k), Floric	a Stati	ites. I further
	oath; that I	I am an officer or prector of the co	rooration or the receiver or truster	oai report is trui	e ane XO C	o accurate ecute this re	and that my signature shall have the sa aport as required by Chapter 617. Flori	ime legal efi da Statutes	ect as	if made under nat my name

about Treasurer 3/25/96 (407) 779-8645