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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44337 (6)
 1. Corporation Name
NORTH BREVARD MEDICAL SUPPORT, INC.

Principal Place of Business 11 MAX BREWER CAUSEWAY TITUSVILLE FL 32796 US	Mailing Address P. O. BOX 6012 TITUSVILLE FL 32782 US
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3. Date Incorporated or Qualified
07/17/1991

4. FEI Number
59-3074052

Applied For
 Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No **NA**

9. Name and Address of Current Registered Agent

**BAKER, ROD L.
11 MAX BREWER CAUSEWAY
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE: *Paul Baker* **1/27/98**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	LIBRIZZI, ERNEST	
STREET ADDRESS	11 MAX BREWER CAUSEWAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DP	<input type="checkbox"/>
NAME	BAKER, ROD L	
STREET ADDRESS	11 MAX BREWER CAUSEWAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DC	<input type="checkbox"/>
NAME	SPENCER, EARL JR	
STREET ADDRESS	719 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	STEEL, GEORGE	
STREET ADDRESS	781 FLORENCIA CIRCLE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ST	<input type="checkbox"/>
NAME	JOHNSON, WALT	
STREET ADDRESS	1320 S. CARPENTER RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an endorsement with an address.

SIGNATURE: *Paul Baker* **1/27/98** **(407) 268-6002**

CR2E037 (10/97)