

AMENDED
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

09-17-2002 90095 023 ****61.25

N44337

02 SEP 24 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N44337
 1. Entity Name
 North Brevard Medical Support, Inc.

DO NOT WRITE IN THIS SPACE

B0139038

2. Principal Place of Business 213 Broad Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6012 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Titusville, FL	City & State Titusville, FL
Zip 32796	Country United States
Zip 32796	Country United States

4. FEI Number 593074052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Santiago F. Bulnes
Street Address (P.O. Box Number is Not Acceptable) 213 Broad Street
City Titusville
State FL
Zip Code 32796

8. 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 Santiago F. Bulnes Santiago F. Bulnes, President/CEO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME C Jordan, Robert	STREET ADDRESS 1750 Lakeside Drive, Titusville, FL 32780	TITLE NAME	STREET ADDRESS
TITLE NAME D Mikitarian, George	STREET ADDRESS 951 N. Washington Ave., Titusville, FL 32796	TITLE NAME	STREET ADDRESS
TITLE NAME D Terry, William	STREET ADDRESS 325 Willow Street, Titusville, FL 32780	TITLE NAME	STREET ADDRESS
TITLE NAME D Johnson, Walt	STREET ADDRESS 1320 S. Carpenter Road, Titusville, FL 32796	TITLE NAME	STREET ADDRESS
TITLE NAME T Spencer, Earl Jr.	STREET ADDRESS 719 Garden Street, Titusville, FL 32796	TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS

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[Handwritten Signature]

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Santiago F. Bulnes Santiago Bulnes SEP 11, 2002 321-267-1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #