

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90255 013 ****61.25

DOCUMENT # N44337

1. Entity Name
NORTH BREVARD MEDICAL SUPPORT, INC.



Principal Place of Business
**213 BROAD STREET
TITUSVILLE, FL 32796 US**

Mailing Address
**P. O. BOX 6012
TITUSVILLE, FL 32782 US**

10000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3074052

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULNES, SANTIAGO F
213 BROAD STREET
TITUSVILLE, FL 32796**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **NOFFEL, JERRY**
STREET ADDRESS **5630 BOB WHITE TRAIL**
CITY-ST-ZIP **MIMS, FL 32754**

TITLE **D** ☐ Change ☒ Addition
NAME **MAUREEN RUPE**
STREET ADDRESS **7185 BRIGHT AVE**
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **C** ☐ Delete
NAME **MIKITARIAN, GEORGE**
STREET ADDRESS **951 NORTH WASHINGTON NE**
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAM, TERRY**
STREET ADDRESS **325 WILLOS STREET**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, WALT**
STREET ADDRESS **1320 S. CARPENTER RD**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **T/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SPENCER, EARL JR**
STREET ADDRESS **719 GARDEN ST**
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE **D** ☐ Change ☒ Addition
NAME **LEE MOORE**
STREET ADDRESS **65 BROAD ST.**
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321)
March 1, 2005 *267-1383*