

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90238 008 \*\*\*\*61.25

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01092006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N44337</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3074052	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUPE, MAUREEN		NAME		
STREET ADDRESS	7185 BRIGHT AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKITARIAN, GEORGE		NAME		
STREET ADDRESS	951 NORTH WASHINGTON NE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM, TERRY		NAME		
STREET ADDRESS	325 WILLOS STREET		STREET ADDRESS	325 WILLOW STREET	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WALT		NAME		
STREET ADDRESS	1320 S. CARPENTER RD		STREET ADDRESS	67 BROAD STREET	
CITY-ST-ZIP	TITUSVILLE, FL		CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, LEE		NAME		
STREET ADDRESS	65 BROAD ST		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Santiago F Bulnes</u>			Date: <u>January 9, 2006</u> Daytime Phone #: <u>267-1383</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					