

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90257 011 ****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

50000016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01032007 Chg-NP CR2E037 (12/06)

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, 2007

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 RUPE, MAUREEN
STREET ADDRESS 7185 BRIGHT AVE
CITY-ST-ZIP COCOA, FL 32927

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

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 WILLOW ST
CITY-ST-ZIP TITUSVILLE, FL 32780

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

TITLE TS ☒ Delete
NAME JOHNSON, WALT
STREET ADDRESS 67 BROAD ST.
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE D ☐ Change ☒ Addition
NAME WALTER CARMONA, M.D.
STREET ADDRESS 951 NORTH WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE D ☐ Delete
NAME MOORE, LEE
STREET ADDRESS 65 BROAD ST
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE TS ☒ Change ☐ Addition
NAME MOORE, LEE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 4, 2007 267-1783