2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N44337

Entity Name: NORTH BREVARD MEDICAL SUPPORT, INC.

Current Principal Place of Business:

213 BROAD STREET
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2969
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 59-3074052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SEGO, GENE R
Address: 1510 RIOVERSIDE DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: C
Name: MIKITARIAN, GEORGE
Address: 951 NORTH WASHINGTON NE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: WILLIAM, TERRY
Address: 325 WILLOW ST
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: CARMONA, PEDRO M.D.
Address: 951 NORTH WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: TS
Name: MOORE, LEE
Address: 65 BROAD ST
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANTIAGO F. BULNES PRES 01/06/2010

Electronic Signature of Signing Officer or Director Date