

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44337

FILED
Feb 27, 2012
Secretary of State

Entity Name: NORTH BREVARD MEDICAL SUPPORT, INC.

Current Principal Place of Business:

213 BROAD STREET
TITUSVILLE, FL 32796 US

New Principal Place of Business:

951 NORTH WASHINGTON AVE
TITUSVILLE, FL 32796 US

Current Mailing Address:

P. O. BOX 2969
TITUSVILLE, FL 32781 US

New Mailing Address:

951 NORTH WASHINGTON AVE
TITUSVILLE, FL 32796 US

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:

MIKITARIAN, GEORGE
951 NORTH WASHINGTON AVE
TITUSVILLE, FL 32796 US

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: GEORGE MIKITARIAN

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: C
Name: MIKITARIAN, GEORGE
Address: 951 NORTH WASHINGTON AVE
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: GEORGE MIKITARIAN

C

02/27/2012

Electronic Signature of Signing Officer or Director

Date