

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003064

1. Entity Name

BREVARD PROFESSIONAL NETWORK, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-03-2000 90010 004 ****61.25

Principal Place of Business

2290 W. EAUGALLIE BLVD
STE 106
MELBOURNE FL 32935
US

Mailing Address

2290 W. EAUGALLIE BLVD
STE 106
MELBOURNE FL 32935-3134
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

59-3336618

Applied For

Not Applicable

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

KANCILA, JOHN R
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$51.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ARMSTRONG, RAYMOND A M.D. | |
| STREET ADDRESS | 1331 VALENTINE STREET | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GADODIA, GOPAL M.D. | |
| STREET ADDRESS | 2290 W. EAUGALLIE BLVD., STE 200 | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MOSS, MARILYN MD | |
| STREET ADDRESS | 3210 N WICKHAM RD SUITE 1 | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELLEE, PAUL M.D. | |
| STREET ADDRESS | 1340 MEHCAL PARK DR, STE 201 | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul M.D. | |
| STREET ADDRESS | 1340 Medical Park Dr, Ste 201 | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | A. Lenoci | |
| STREET ADDRESS | 930 S. Harbor City Blvd. | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Patricia C. Levison 1/25/00 321-751-7600
D.O.O. Date Daytime Phone #

CR2E037 (9/99)