

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0014410

DOCUMENT # N95000003064

1. Entity Name

BREVARD PROFESSIONAL NETWORK, INC.

02-04-2002 90048 033 ****61.50

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
 US

2. Principal Place of Business

7185 MURRELL Road

Suite, Apt. #, etc.

Suite B

City & State

Melbourne, FL & FL

3. Mailing Address

7185 MURRELL Road

Suite, Apt. #, etc.

Suite B

City & State

Melbourne, FL & FL



DO NOT WRITE IN THIS SPACE

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

KANCILA, JOHN R
 1800 W. HIBISCUS BLVD., STE 138
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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.

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 \$61.25

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

TITLE: VD
 NAME: GADODIA, GOPAL M.D.
 STREET ADDRESS: 2290 W. EAUGALLIE BLVD., STE 200
 CITY-ST-ZIP: MELBOURNE FL 32935 ☐ Delete

TITLE: PD
 NAME: KELLER, PAUL M.D.
 STREET ADDRESS: 1340 MEDICAL PARK DR STE 201
 CITY-ST-ZIP: MELBOURNE FL 32901 ☐ Delete

TITLE: SD
 NAME: LENOCI, MARTIN A
 STREET ADDRESS: 930 S HARBOR CITY BLVD
 CITY-ST-ZIP: MELBOURNE FL 32901 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

(321) 757-7600

Date

Daytime Phone #

CR2E037 (9/01)