

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087173

FILED
Jan 26, 2004
Secretary of State

Entity Name: TERRI-ANN BROGAN, D.O., P.A.

Current Principal Place of Business:

CENTRAL BREVARD MEDICAL CENTER
1395 N COURTENAY PKWY, STE 205
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

CENTRAL BREVARD MEDICAL CENTER
1395 N COURTENAY PKWY, STE 205
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3670061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROGAN, TERRI-ANN DO
1816 ABBEYRIDGE DRIVE
MERRITT ISLAND, FL 32953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROGAN, TERRI-ANN D.O.
Address: 1816 ABBEY RDIGE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32593

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROGAN, TERRI-ANN K D.O.
Address: 1816 ABBEY RDIGE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32593

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI-ANN K. BROGAN, D.O.

PRES

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date