

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000011696**

1. Entity Name  
**HMS OF BREVARD, INC.**



Principal Place of Business  
**2682 ENGLEWOOD DRIVE  
MELBOURNE, FL 32940**

Mailing Address  
**2682 ENGLEWOOD DRIVE  
MELBOURNE, FL 32940**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2235871**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NICOLETTE, ROBERT  
2682 ENGLEWOOD DRIVE  
MELBOURNE, FL 32940**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NICOLETTE, ROBERT  
STREET ADDRESS 2682 ENGLEWOOD DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SD  
NAME NICOLETTE, THERESA  
STREET ADDRESS 2682 ENGLEWOOD DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VD  
NAME NICOLETTE, ROBERT III  
STREET ADDRESS 111 BRISTLE LANE  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000945436  
05/30/08-80009-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08