

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136928

FILED
Feb 05, 2009
Secretary of State

Entity Name: BREVARD CARDIOVASCULAR RESEARCH ASSOCIATES, INC.

Current Principal Place of Business:

111 LONGWOOD AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 542262
MERRITT ISLAND, FL 329542262

New Mailing Address:

111 LONGWOOD AVE
ROCKLEDGE, FL 32955

FEI Number: 20-5883791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, STEPHEN J
465 LANTERNBACK ISLAND DR
SATELLITE BCH, FL 32937 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: WATTS, STEPHEN J
Address: 465 LANTERNBACK ISLAND DR
City-St-Zip: SATELLITE BCH, FL 32937

Title: D () Delete
Name: SHEIKH, KHALID H
Address: 280 N SYKES CRK PKWY STE B
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: RAYNER, RALPHD D
Address: 280 N SYKES CRK PKWY STE B
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: JOHNSON, NANCY J
Address: 6222 HALYARD CT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN J WATTS

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date