

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19047 (0)

1. Corporation Name

BREVARD MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

4888 BABCOCK STREET NE
PALM BAY, FL
MELBOURNE FL 32905

4888 BABCOCK STREET NE
PALM BAY, FL
MELBOURNE FL 32905

3. Date Incorporated or Qualified
04/28/1988

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 231 EAST New Haven Avenue 26 231 EAST New Haven Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
Melbourne FLORIDA

City & State
Melbourne FLORIDA

Zip
32901

Country

Zip
32901

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLAS, JAMES, M, ESQ
1901 S HARBOR CITY BLVD
STE 705
MELBOURNE FL 32901

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James M. Nicholas, Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PTS	KLINE, GERALD	4888 BABCOCK ST NE	PALM BAY FL	<input checked="" type="checkbox"/>
SD	PORDY, LEON	1150 PARK AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>
AST	HELLER, ROBERT	4888 BABCOCK ST NE	PALM BAY FL	<input type="checkbox"/>
D	GREIFER, IRA	1825 EASTCHESTER ROAD	BRONX NY	<input type="checkbox"/>
D	LEVINE, BERNARD	210 RIVERSIDE DRIVE	NEW YORK NY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT + CEO	STOWELL, WARREN	231 EAST New Haven Avenue	Melbourne FLORIDA 32901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
D	PORDY, ROBERT	340 Kingsland Street	Nutley NJ 07110	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
D	LEVINE, BERNARD	P.O. BOX 2635	LA JOLLA CA 92038	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Robert P. Heller TREASURER

2/16/96

407-728-8711

CR2E034 (12/95)