

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19047**

(0)

1. Corporation Name
BREVARD MEDICAL CENTER, INC.

Principal Place of Business

**231 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

US

Mailing Address

**231 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901-4571**

US



3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21 521 East State Road 434 Suite, Apt. #, etc.	2a. Mailing Address 26 521 East State Road 434 Suite, Apt. #, etc.
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22 City & State Longwood FL	27 City & State Longwood FL
23 Zip 32750	28 Zip 32750
24 Country USA	29 Country USA

4. FEI Number 22-2484180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NICHOLAS, JAMES, M, ESQ
1001 S HARBOR CITY BLVD
STE 705
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name David A Jesse
82 Street Address (P.O. Box Number is Not Acceptable) 521 East State Road 434
83
84 City Longwood
85 Zip Code FL 32750

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 *Cher. D. S. / me* DATE **4-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	<input type="checkbox"/> DELETE	1.1 TITLE PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOWELL WARREN		1.2 NAME	
STREET ADDRESS 231 EAST NEW HAVEN AVENUE		1.3 STREET ADDRESS 521 East State Road 434	
CITY-ST-ZIP MELBOURNE FL		1.4 CITY-ST-ZIP Longwood FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DAVID A JESSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORDY, ROBERT		2.2 NAME	
STREET ADDRESS 340 KINGSLAND STREET		2.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY-ST-ZIP NUTLEY NJ		2.4 CITY-ST-ZIP LONGWOOD FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELLER, ROBERT		3.2 NAME Jack W Shields	
STREET ADDRESS 4888 BABCOCK ST NE		3.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP LONGWOOD FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREIFER, IRA		4.2 NAME	
STREET ADDRESS 1825 EASTCHESTER ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP BRONX NY		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, BERNARD		5.2 NAME	
STREET ADDRESS P.O. BOX 2035		5.3 STREET ADDRESS	
CITY-ST-ZIP LA JOLLA CA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Jack Shields* **Jack W Shields** DATE: **4/30/97** DAYTIME PHONE: **407-339-4997**

CR2E034 (9/96)