

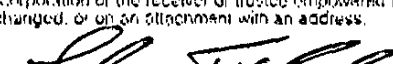
APR 29 '98 10:31 TO-14077221342

FROM-SUNSTAR HEALTHCARE

FILED

May 04 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P19047 (0) 1. Corporation Name BREVARD MEDICAL CENTER, INC.					
Principal Place of Business Mailing Address					
DO NOT WRITE IN THIS SPACE					
3. Date incorporated or Qualified 04/28/1988					
2. Principal Place of Business 21 300 International Pkwy Suite, Apt. #, etc. 22 230 City & State 23 Heathrow, FL Zip 24 32746		2a. Mailing Address 25 300 International Pkwy Suite, Apt. #, etc. 26 230 City & State 27 Heathrow, FL Zip 28 32746		4. FEI Number 22-2484180 Applied For Not Applicable	
29 USA		30 USA		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 owes or has paid the current year Intangible Personal Property tax due June 30 ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name David A. Jessee			82 Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy, Suite 230		
83			84 City Heathrow, FL		
85 Zip Code 32746			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 Signature typed or printed name of registered agent and fee (if applicable)			DATE 4/13/98		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP			1. TITLE ☒ Change ☐ Addition PC 2. NAME Stowell, Warren 3. STREET ADDRESS 300 International Pkwy, Suite 230 4. CITY, ST, ZIP Heathrow, FL 32746 5. TITLE ☒ Change ☐ Addition V 6. NAME Jessee, David A 7. STREET ADDRESS 300 International Pkwy, Suite 230 8. CITY, ST, ZIP Heathrow, FL 32746 9. TITLE ☒ Change ☐ Addition TS 10. NAME Shields, Jack 11. STREET ADDRESS 300 International Pkwy, Suite 230 12. CITY, ST, ZIP Heathrow, FL 32746 13. TITLE ☐ Change ☐ Addition 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP 17. TITLE ☐ Change ☐ Addition 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP		
14. I 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.			300002510888 -05/05/98--01061--027 ***150.00		
SIGNATURE: 			4/13/98 (407)304-1066		

CR2E034 (1097)