

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

FILED

Apr 16 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 # P93000007984 (6)

1. Corporation Name

ASSOCIATES IN PSYCHIATRY FOR BREVARD, P.A.



Principal Place of Business 119 LONGWOOD AVENUE ROCKLEDGE FL 32955	Mailing Address 119 LONGWOOD AVENUE ROCKLEDGE FL 32955-2827
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1993		3a. Date of Last Report 03/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3158513		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PODNOS, BURTON M.D.
119 LONGWOOD AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name	RIVERA, EDMUNDO I., M.D.
82 Street Address (P.O. Box Number is Not Acceptable)	119 LONGWOOD AVE
83	
84 City	ROCKLEDGE
85 Zip Code	FL 32955

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 *Edmundo I. Rivera MD* **EDMUNDO I. RIVERA MD** DATE **4/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODNOS, BURTON	1.2 NAME	RIVERA, EDMUNDO I
STREET ADDRESS	119 LONGWOOD AVENUE	1.3 STREET ADDRESS	119 LONGWOOD AVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JOSE R	2.2 NAME	MCCARTHY, JOHN E
STREET ADDRESS	119 LONGWOOD AVENUE	2.3 STREET ADDRESS	119 LONGWOOD AVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, DAN R	3.2 NAME	
STREET ADDRESS	535 DELANNOY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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 as an attachment with an address.

SIGNATURE: *Edmundo I. Rivera MD* **EDMUNDO I. RIVERA** DATE **4/11/97** DAYTIME PHONE # **407-632-7920**

CR2E034 (9/96)