

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:11

DOCUMENT # P93000014794 (0)

1. Corporation Name

D. J. WICKHAM, M.D., P.A.

Principal Place of Business

1750 CEDAR ST.  
ROCKLEDGE FL 32956  
US

Mailing Address

P.O. BOX 561146  
ROCKLEDGE FL 32956  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3168402

Applied For

Not Applicable

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WICKHAM, DENNIS J  
183 PEREGRINE DR  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

D  
WICKHAM, DENNIS J  
183 PEREGRINE DR  
INDIALANTIC FL 32903

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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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 110.07(3)(b), 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:

*D. J. Wickham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95

402-635-1981

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # P93000015055 (5)**

1. Corporation Name

**BRUSH & COMPANY**

Principal Place of Business

Mailing Address

**16410 SW 77TH COURT  
MIAMI FL 33157**

**16410 SW 77TH COURT  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3e. Date of Last Report

**02/08/1993**

**05/27/1994**

4. FEI Number

Applied For

**65-0394558**

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUSH, SCOTT W  
16410 SW 77TH CT.  
MIAMI FL 33157**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when missing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
BRUSH, J A  
16410 SW 77TH CT.  
MIAMI FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*J. A. Brush*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/6/95 305-253-7415*  
 (Signature of Secretary of State)