Suite, Apt. #. etc. Suite, Apt. #. etc.								
PROFIT CORPORATION ANNUAL REPORT 1996 DOCUMENT # P93000015720 (4) BREVARD MEDICAL CONSULTING, INC. Principal Place of Business Making Address 65 MAND DR BEBOURS BEACH R, 3281 BEBOURS BEACH R, 3281 A Mining Address 65 MAND DR BEBOURS BEACH R, 3281 BEBOURS BEACH R, 3281 BEBOURS BEACH R, 3281 BEBOURS BEACH R, 3281 BUT DR BEBO	SECOND AMOUNT DUE	NOTICE: CORPORATION WILL ON OR BEFORE 8/7/96: \$225 (IF DI	BE DISSOLVED ON OR AFTER A SSOLVED, MINIMUM AMOUNT DUF	UGUST 7	7, 1996. TATE: \$375 \			
DOCUMENT # P93000015720 (4) BREVARD MEDICAL CONSULTING, INC.	PROFIT FLORIDA DEPART CORPORATION Sandra B ANNUAL REPORT Socretary				STATE			
BREVARD MEDICAL CONSULTING, INC. Principal Place of Business 865 MANSO DR MELBOURNE BEACH FL 32951 865 MANSO DR MELBOURNE BEACH FL 32951 2 Principal Place of Business 2 Marting Address 3 Marting Address 4 FE Nontice 2 Principal Place of Business 3 Marting Address 4 FE Nontice 393 Marting Address 4 FE Nontice 393 Marting Address 593 Marting Address 593 Marting Address 594 Marting Address 595 Marting Marting 595 Marting 6 Federico Campaging Frances 7 December 1 Standard Marting 7 December 1 December 1 Standard Marting 7 December 1 December 1 December 1 December 1 December 1 December 1 Decemb			DE ANTON					
### Business Maning Address ### ### ### ### ### ### ### ### ###	1. Corporatio	MEN # P9300	00015720 (4)					
### SUBJECT OF THE STATE OF THE	BREVA	RD MEDICAL CONSULTIN	IG, INC			T INDIVIDUE AND SERVE WHAT DELIT DEEDS D	1 01 13 10 0 41 1	Aliki 180ka kidin dala 1886
### Suppose the Provision of Suppose S	Principal Place of Business Mailing Address							
Principal Place of Business 2e Marting Address 4. Fell winder Applied For				2951				
Application								· I
Suite, Apt. #. etc. Suite, Apt. #. etc.	一 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	lace of Business	⊢ -າ ັ			4. FEI Number		Applied For
Cry & State Cry & Country Cry & Cry & Country Cry & Cry	Suite, Apt	#, etc	···			1	·	
Zip Country Zip Country Zip Country Zip Country B. This corporation has hath-sty for planged to x under s. 199 0.32	City & State	е	City & State					
Some and Address of Current Registered Agent 10, Name and Address of New Registered Agent	Zip	 - '	Zip		у	8. This corporation has liability for		Added to Fees
ROGERS, ROBERT L JR 805 MANGO DR. MELBOURNE BEACH FL 32951 82 Street Address (PO Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1509 Florida Statutes the above spanned corporation submits this statement for the purpose of changing its registened agent, or both in the State of Florida Statutes the above spanned corporation submits this statement for the purpose of changing its registened agent, or both in the State of Florida Statutes the above spanned corporation submits this statement for the purpose of changing its registened agent. I am familiar with, and accept the obligations of, Section 607 0.05, Florida Statutes the corporation's board of directors. Thereby accept the appointment as registened spanned in the provision of section 607 0.05, Florida Statutes to Change was enhanced by the corporation's board of directors. Thereby accept the appointment as registened agent. I am familiar with, and accept the obligations of, Section 607 0.05, Florida Statutes to Change was enhanced by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0.05, Florida Statutes to Change was enhanced by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of directors to Change was enhanced by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of directors to Change was enhanced by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of directors the appointment as registered agent. I am familiar with, and accept the obligation of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of directors the appointment as registered agent. I am familiar with, an	24			30				
### STREET ADDRESS ### STREET AD	RO	GERS. ROBERT L JR		81	Name			
BB	605	MANGO DR.		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
1. 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 agent, or both, in the State of Florida Statutes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 607 0 x05, Florida Statutes. SIGNATURE	ME	LBOURNE BEACH FL 32951		83	9			
SIGNATURE Title				84	City			85 Zip Code
SIGNATURE						oration submits this statement for the p on's board of directors. Thereby accep	urpose of cr title appoin	panging its registered trient as registered
12	SIGNATURE							
DELETE 1: TILE Crange Artifilion A					POT seguatore respon			DIDECTODO IN 10
STREET ADDRESS MANGO DR.	TITLE					ABBITIONS/GITANGES TO GET	JENS AND L	··
City-St-ZiP MELBOURNE BCH. FL		•		12 NAME				_
DELETE DELETE 2.1 Tifle	ľ							
NAME		MELOUUNNE DUN. FL.	DELETE		ST-ZIP			T Change T T Adda a
Clay	NAME		2.3				L	T CHANGE [1] Add troit 1
THE	STREET ADDRESS			23STRFE	t address			
NAME 32 NAME 32 NAME Change Addition				2 4 CITY -	ST-ZIP			
STREET ADDRESS 33 STREET ADDRESS 34 DTY-S1-ZIP	!		[] DELETE					Change Addition
STREET ADDRESS STRE	ſ							
TITLE DELETE 41 HTGE Change Addition NAME 4 2 NAME *** <td>J</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	J							
NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CitY-SI-ZIP 4 4 City-S1-ZIP TITLE DELETE 5 1 TITLE Change Add tion NAME 5 2 NAME			DELETE	1	21-51.			Change Addition
STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CHY-ST-ZIP THLE DELETE 5.1 HLE Charge Add tion NAME 5.2 NAME	NAME			1			L	1 combs [] committee
TILE DELETE 5.1 TILE	STREET ADDRESS							
NAME 5 2 NAME				4 4 CHTY -	ST - ZIP	717 - 1		
ATTENDED OF THE PROPERTY OF TH			☐ DELETE	1			Ţ	Change Add tion
STREET ADDRESS 5 STREET ADDRESS	STREET ADDRESS				LAGOOGO			

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). Fiorida Statutes 1 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Discrete Printer of the exemption stated in Section 119 07(3)(k). Fiorida Statutes 1 for the exemption stated in Section 119 07(3)(k). Fiorida Statutes 1 for made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

CITY - ST - ZIP

TITLE

NAME . STREET ADDRESS 5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change Addition

5 4 CITY - ST - ZIP

6.1 T.TLE

DELETE