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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000007896 (1)
 1. Corporation Name
SCP OF COCOA, INC.

Principal Place of Business Mailing Address
7227 N. U.S. HIGHWAY 1 **7227 N. U.S. HIGHWAY 1**
COCOA FL 32927 **COCOA FL 32927**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/31/1994		3a. Date of Last Report	
4. FEI Number 593223097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOPOCY, ROBERT W 7227 N. U.S. HIGHWAY 1 COCOA FL 32927				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President/Treasurer
STREET ADDRESS		1.3 STREET ADDRESS	Robert W. Sopocy
CITY - ST - ZIP		1.4 CITY - ST - ZIP	7227 N. U.S. Highway 1 Cocoa, FL 32927
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Secretary
STREET ADDRESS		2.3 STREET ADDRESS	Dr. John G. Carey, M.D.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	7227 N. U.S. Highway 1 Cocoa, FL 32927
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice-President
STREET ADDRESS		3.3 STREET ADDRESS	Ambika Palaniyandi
CITY - ST - ZIP		3.4 CITY - ST - ZIP	7227 N. U.S. Highway 1 Cocoa, FL 32927
TITLE		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		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		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 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 if that block, or on an attachment with an address.

SIGNATURE: Robert W. Sopocy Robert W. Sopocy, President 3/20/95 (407) 631-0300
Signature and Type (in printed name of signing officer or director)