

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000036351 (1)

1. Corporation Name

TITUSVILLE MEDICAL BUILDING, INC.



Principal Place of Business

1917 KNOX MCRAE DRIVE  
TITUSVILLE FL 32780

Mailing Address

1917 KNOX MCRAE DRIVE  
TITUSVILLE FL 32780

3. Date Incorporated or Qualified  
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1855 KNOX MCRAE DR  
Suite, Apt. #, etc.

26 1855 KNOX MCRAE DR  
Suite, Apt. #, etc.

4. FEI Number

59-3322637

Applied For

Not Applicable

22

City & State

23 Titusville FL

27

City & State

28 Titusville FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

Zip

24 32780

25

Country

25 BREVARD

29

Zip

29 32780

30

Country

30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, JAMES M  
516 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D FLAHERTY, JOHN  
STREET ADDRESS 1917 KNOX MCRAE DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME D KINSELLA, ANTHONY  
STREET ADDRESS 1917 KNOX MCRAE DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FLAHERTY, JOHN  
1.3 STREET ADDRESS 1855 KNOX MCRAE DR  
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME KINSELLA, ANTHONY  
2.3 STREET ADDRESS 1855 KNOX MCRAE DR  
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001743955

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\*\*\*200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

407-269-2028

Date

Daytime Phone #

CR2E034 (12/95)