

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 # P95000075234 (1)

1. Corporation Name

BREVARD ORTHOPAEDIC CLINIC, INC.



Principal Place of Business

205 E NASA BLVD  
MELBOURNE FL 32901

Mailing Address

205 E NASA BLVD  
MELBOURNE FL 32901

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3345600

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.  
THE GREENLEAF BLDG THIRD FLOOR  
200 LAURA ST  
JACKSONVILLE FL 32201-0240

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

KING, DANIEL L

STREET ADDRESS

205 E NASA BLVD

CITY - ST - ZIP

MELBOURNE FL 32901

TITLE

D

☐ DELETE

NAME

LAROCHELLE, PAUL J M.D.

STREET ADDRESS

205 E NASA BLVD

CITY - ST - ZIP

MELBOURNE FL 32901

TITLE

D

☐ DELETE

NAME

ST MARY, EDWARD M.D.

STREET ADDRESS

205 E NASA BLVD

CITY - ST - ZIP

MELBOURNE FL 32901

TITLE

D

☐ DELETE

NAME

HYNES, RICHARD A M.D.

STREET ADDRESS

205 E NASA BLVD

CITY - ST - ZIP

MELBOURNE FL 32901

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

DESAI, SHEKHAR S MD

1.3 STREET ADDRESS

205 E NASA BLVD

1.4 CITY - ST - ZIP

MELBOURNE FL 32901

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)