

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015660

Entity Name

MEDICAL ASSOCIATES OF BREVARD, P.A.

P96000015660

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 12:59



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1400 PINE ST
FL 32901

Mailing Address
1400 PINE ST
MELBOURNE FL 32901-3119

Principal Place of Business
2240 W. Eau Gallie
Suite, Apt. #200
#200

Mailing Address
2240 W. Eau Gallie
Suite, Apt. #200
#200

City & State
Melbourne FL
Zip 32935
County Brevard

City & State
Melbourne FL
Zip 32935
County Brevard

4. FEI Number 59-3360315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURSE, JOHN
1402 SOUTH OAK STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
Name: Gopal Gaddodia
Street Address: 2240 W. Eau Gallie Blvd #200
Melbourne, FL 32935
City: FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when removing)

8/10/2000

This corporation is eligible to satisfy its intangible tax (filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-2P	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	STREET ADDRESS	CITY-ST-ZIP	TITLE
D	TURSE, JOHN	1400 PINE STREET		Pres	1400 PINE STREET		
D	ARMSTRONG, RAYMOND	1331 SOUTH VALENTINE ST.		Sec			
D	GADODIA, GOPAL	2240 W. EAU GALLIE BLVD. #103		Pres	2240 W. EAU GALLIE BLVD #200		
D	BALSAH, PAVAN	1400 PINE STREET		Sec			
D	WASER, GREGORY	SANDWORTH		Vice-Pres			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 of this report if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: X [Signature] 8/10/2000 9657

See attached officers