

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90022 016 ***150.00

DOCUMENT # P96000015660

1. Entity Name

MEDICAL ASSOCIATES OF BREVARD, P.A.

Principal Place of Business

**2290 W EAU GALLE
 #200
 MELBOURNE FL 32935**

Mailing Address

**2290 W EAU GALLE
 #200
 MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**GADODIA, GOPAL
 2290 W EAU GALLE
 #200
 MELBOURNE FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
 NAME **TURSE, JOHN**
 STREET ADDRESS **1400 PINE STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **GADODIA, GOPAL**
 STREET ADDRESS **2290 W EAU GALLE BLVD. #200**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **BAWSAL, PARVEST**
 STREET ADDRESS **1400 PINE STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☒ Change ☐ Addition
 NAME **BAWSAL, Parvest**
 STREET ADDRESS **1400 Pine Street**
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **V** ☐ Delete
 NAME **WASER, GREGORY**
 STREET ADDRESS **1801 SARNO ROAD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William W. Mahler, Administrator*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2002
321-728-9657

CR2E034 (9/01)

Attachment #P96000015660

Medical Associates of Brevard
William N. Mahler, Administrator
P.O. Box 361095
2290 W. Eau Gallie Blvd. Suite 200
Melbourne, Fl. 32936
321-728-9657 • 321-728-7469 Fax

Officers - VP's

PHYSICIAN	OFFICE MANAGER	ADDRESS	PHONE	FAX
Tim Ahmed, M.D. (Nephrology)	Cindy	2290 W. Eau Gallie Blvd. Melbourne, Fl. 32936	757-5550	255-5552
Bruce Alper, M.D. (General Surgery)	Linda	1317 Oak St. #202 Melbourne, Fl. 32901	726-6646 723-8066	725-0183
(Shakti Bakshi, M.D.) (Internal Medicine)	Michelle	6550 Wickham Rd. Suite (2) Melbourne, Fl. 32904	255-1947 259-4001	255-6566
(Parvesh Bansal, M.D.) Pulmonary	Sydney	1400 Pine Street Melbourne, Fl. 32901	676-6000 729-6400	676-7000
Rajive Das, M.D. Family Medicine	Audry	1071 Port Malabar #111 Palm Bay, Fl. 32905	725-9800	725-9978
Rajesh Desai, M.D. Nikita Shah, M.D. (Endocrinology)	Pat	2290 W. Eau Gallie Blvd. Melbourne, Fl. 32936	309-9000 309-9004	309-9002
Shashin Desai, M.D. Gopal Gadodia, M.D. (Cardiology)	Judy	2290 W. Eau Gallie Blvd. Melbourne, Fl. 32936	255-1500 254-0700	255-0113
Steven Eggen, M.D. (Pediatrics)	Betsy	5055 Babcock St. #2 Palm Bay, Fl. 32905	724-1200 724-1026	951-0675
Esmat Gayed, M.D. Family Medicine	Rene	1600 Eau Gallie Blvd #104	255-0959	255-0225
Mark Ireland, D.O. Thomas Anderson, D.O. (Family Medicine)	Patty/ Brenda	1380 S. Patrick Dr. Satellite Beach, Fl. 32937	773-2659 773-2665	773-2667
Martin Johnson, M.D. Family Medicine	Monica	6550 Wickham Rd. Suite (2) Melbourne, Fl. 32940	259-3911 254-4001	259-9529
Isa	Raj/ Jennifer	2290 W. Eau Gallie #108 Melbourne, Fl. 32936	752-3888	752-9198
Ming Lai, M.D. Family Medicine	Sherry	910 Malabar Rd. Palm Bay, Fl. 32907	768-2356	726-6388
Mark Minor, M.D. Allergy & Immunology	Cindy	2290 W. Eau Gallie Blvd. Melbourne, Fl. 32936	757-5550	255-5552
Mahesh Soni, M.D. (Pediatrics)	Melissa	1051 Pt. Malabar Blvd. #9 Palm Bay, Fl. 32905	725-3438	725-6169
John C. Tursé Gastroenterology	Brenda/ Marylou	1400 Pine Street Melbourne, Fl. 32901	952-0700	952-4444
Gregory Waser, M.D. Internal Medicine	Sueann/ Jacque	1801 Sarno Rd. #6 Melbourne, Fl. 32935	254-6360 254-1449	254-1604