

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048588

FILED
Jan 13, 2009
Secretary of State

Entity Name: BREVARD MEDICAL SERVICE CORPORATION

Current Principal Place of Business:

5240 BABCOCK ST NE
STE 305
PALM BAY, FL 32905 US

Current Mailing Address:

5240 BABCOCK ST NE
STE 305
PALM BAY, FL 32905 US

FEI Number: 59-3399648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOW, BRADLEY JOHN E D.C.
2280 HARRIS AVENUE NORTHEAST #6
PALM BAY, FL 32905 US

New Principal Place of Business:

145 PALM BAY RD NE I
STE 120
WEST MELBOURNE, FL 32904 US

New Mailing Address:

145 PALM BAY RD NE I
STE 120
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

CLOW, BRADLEY JOHN E D.C.
145 PALM BAY RD NE I
STE 120
WEST MELBOURNE, FL 32904 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROW, BRADLEY JOHN E D.C.
Address: 5240 BABCOCK ST NE STE 305
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLOW, BRADLEY JOHN E D.C.
Address: 145 PALM BAY RD NE
City-St-Zip: WEST MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR BRADLEY CLOW

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date