FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

80 FORTENBERRY ROAD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIRELLADDINESS

SIGNATURE:

CITY - ST. 200



ELORIDA DEPARTMENT DE STATE

FILED

Mar 05 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082607 (8)

BREVARD CARDIOLOGY PHYSICIANS, P.A.

80 FORTENBERRY ROAD MERRITT ISLAND FL 32952-3616 MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3406-777 Not Applicable 26 Suite, Apt. #. etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MESSERSMITH, DONALD P MD **80 FORTENBERRY ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 RR Zip Code 85 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. Familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Sign concligated or profed passe of registerior agent and tite diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TillE MERRERSMITH, DONALD P MD 1.2 NAME NAME **80 FORTENBERRY ROAD** STEEL ALKINESS 1.3 STREET ADDRESS MERRITT ISLAND FL 32952 Olr-St 2E 1.4 CITY - ST - ZIP DELETE Change Addition THILE 2.1 TITLE SCHARFF, NORBET D MD 2.2 NAME NAME **80 FORTENBERRY ROAD** 2.3 STREET ADORESS STREET ADDRESS MERRITT ISLAND FL 32952 2 4 CITY - \$1 - ZIP City - St - ZIP DELETE Change Addition TITLE 3 1 TITLE SHEIKH, KHALID H MD NAME 3.2 NAME **80 FORTENBERRY ROAD** STREET ADDRESS 3 3 STREET ADDRESS **MERRITT ISLAND FL 32952** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Tillet KILLEAVY, EUGENE S MD NAME 4. 2 NAME **80 FORTENBERRY ROAD** STREET ADDRESS 4.3 STREET ADDRESS MERRITT ISLAND FL 32952 4.4 CITY-S1-ZIP CdY-SI-7IF DELETE ___ Change Addition 5.1 TITLE THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP City 51-70 DELETE Change 6.1 TITLE Addition 100 6.2 NAME NAM

6.3 STREET ADDRESS

2/20/97

Dale

407-452-3811

Daytime Phone #

6.4 City - ST-ZIP

14. I do hereby cert by 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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.

Donald P. Messersmith, M. Donald P. Messersmith, M. Donald M. Donald P. Messersmith, M. Messersmith, M. Donald P. Messersmith, M. Messersmith, M. Messersmith, M. Messersmith,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR