2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000082607

1. Entity Name
BREVARD CARDIOLOGY PHYSICIANS, P A.

Principal Place of Business
150 SYKES CREEK PARKWAY
#300
MERRITT ISLAND, FL 32953

Mailing Address
150 SYKES CREEK PARKWAY
#300
MERRITT ISLAND, FL 32953

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3406777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESSERSMITH, DONALD P MD
150 SYKES CREEK PARKWAY
#300
MERRITT ISLAND, FL 32953

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MERRERSMITH, DONALD P MD
STREET ADDRESS	150 N. SYKES CREEK PKY #300
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	SCHARFF, NORBET D MD
STREET ADDRESS	80 FORTENBERRY ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	SHEIKH, KHALID H MD
STREET ADDRESS	80 FORTENBERRY ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	KILLEAVY, EUGENE S MD
STREET ADDRESS	80 FORTENBERRY ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	RAYNER, RALPH D MD
STREET ADDRESS	150 SYKES CREEK PARKWAY #300
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	WATTS, STEPHEN J MD
STREET ADDRESS	150 SYKES CREEK PKWY #300
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

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07/12/04-80023-017 158.75

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12. 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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #