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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089117 (1)

1. Corporation Name

BRIAN'S MEDICAL OPTIONS, INC.

Principal Place of Business

737 S. APOLLO BLVD.
MELBOURNE FL 32901

Mailing Address

737 S. APOLLO BLVD.
MELBOURNE FL 32901-1457

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 658 DOUGLAS AVE

2a. Mailing Address

25 658 DOUGLAS AVE

22 Suite, Apt. #, etc.

ALTAMONTE SP. SUITE 1108

27 Suite, Apt. #, etc.

SUITE 1108

23 City & State

ALTAMONTE SPRINGS FL

28 City & State

ALTAMONTE SPRINGS

24 Zip

32714

25 Country

SEMIWOLE

29 Zip

32714

30 Country

SEMIWOLE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

9. Name and Address of Current Registered Agent

SIMS, DAVID A
500 E. ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE

D
BURNS, BRIAN M
2684 CRYSTAL COURT
LAWRENCEVILLE GA 30244

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change □ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Brian M Burns D1A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

407 841-9393

Date

Daytime Phone #

CR2E034 (9/96)