


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000107034</b><br>1. Entity Name<br>BREVARD CARDIOTHORACIC SURGEONS, P.A. |  |
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|--|--|
| Principal Place of Business<br>1355 SOUTH HICKORY STREET<br>SUITE 202<br>MELBOURNE, FL 32901 | Mailing Address<br>1355 SOUTH HICKORY STREET<br>SUITE 202<br>MELBOURNE, FL 32901 |
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01052005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>59-3493501                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>NOHRR, PHILIP F ESQUIRE<br>1800 W. HIBISCUS BLVD<br>SUITE 138<br>MELBOURNE, FL 32901 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|


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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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|--|--|
| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>GREENE, MICHAEL A M.D.<br>1355 SOUTH HICKORY STREET<br>MELBOURNE, FL 32901 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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

|   |  |      |                 |
|---|--|------|-----------------|
| <b>SIGNATURE:</b>  MICHAEL GREENE 1-5-5 3214345396 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|---|--|------|-----------------|