

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026186

FILED
Jan 09, 2008
Secretary of State

Entity Name: BREVARD PULMONARY SPECIALISTS, P.A.

Current Principal Place of Business:

103 LONGWOOD AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

103 LONGWOOD AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3503155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRODNAN, JOHN M MD
Address: 103 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: PODNOS, STEVEN D MD
Address: 103 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MCCULLAR, KEITH MD
Address: 103 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: FURMAN, JAMIE V MD
Address: 103 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M BRODNAN MD

D

01/09/2008

Electronic Signature of Signing Officer or Director

Date