

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90043 012 \*\*\*150.00

**DOCUMENT # P99000035371**

**1. Entity Name**  
RCM OF BREVARD, INC.



**Principal Place of Business**  
2955 PINEDA CAUSEWAY, STE. 119  
MELBOURNE, FL 32940

**Mailing Address**  
2955 PINEDA CAUSEWAY, STE. 119  
MELBOURNE, FL 32940



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3578220	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~KOSTRO, VICTOR S~~  
~~1825 RIVERVIEW DR.~~  
~~MELBOURNE, FL 32904~~

PINKERMAN, MARILYN  
1944 BAYHILL DR.  
VIERA, FL 32940

**DO NOT WRITE  
IN THIS SPACE**

**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** Marilyn Pinkerman MARILYN PINKERMAN 1-12-04  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when constituting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	EGOROFF, RONALD A
<b>STREET ADDRESS</b>	2138 CALEDONIA PLACE
<b>CITY-ST-ZIP</b>	MELBOURNE, FL 32940
<b>TITLE</b>	<b>SV</b>
<b>NAME</b>	PINKERMAN, MARILYN
<b>STREET ADDRESS</b>	1944 BAYHILL DR.
<b>CITY-ST-ZIP</b>	VIERA, FL 32940
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	PINKERMAN, CHARLIE
<b>STREET ADDRESS</b>	1944 BAYHILL DR.
<b>CITY-ST-ZIP</b>	VIERA, FL 32940
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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. 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.**

**SIGNATURE:** Marilyn Pinkerman MARILYN PINKERMAN 1-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
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State of Florida  
84321

## ANNUAL REPORT NOTICE

*Attachment*

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RCM OF BREVARD, INC.  
2955 PINEDA CAUSEWAY, STE. 119  
MELBOURNE FL 32940-7307

### To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

Change of Address

P99000035371  
RCM-OF BREVARD, INC.  
2955 PINEDA CAUSEWAY, STE. 119  
MELBOURNE FL 32940-7307

