

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90050 041 ***150.00

DOCUMENT # P99000035371

1. Entity Name

RCM OF BREVARD, INC.



Principal Place of Business

2955 PINEDA CAUSEWAY, STE. 119
MELBOURNE, FL 32940 122

Mailing Address

2955 PINEDA CAUSEWAY, STE. 119
MELBOURNE, FL 32940 122

600000000



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3578220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PINKERMAN, MARILYN
1944 BAYHILL DR
MELBOURNE, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EGOROFF, RONALD A
STREET ADDRESS 2138 CALEDONIA PLACE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SV
NAME PINKERMAN, MARILYN
STREET ADDRESS 1944 BAYHILL DR.
CITY-ST-ZIP VIERA, FL 32940

TITLE T
NAME PINKERMAN, CHARLIE
STREET ADDRESS 1944 BAYHILL DR.
CITY-ST-ZIP VIERA, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

M. Pinkerman MARILYN PINKERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

Date

321-255-1080

Daytime Phone #