FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 PM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57170 (0)

1. Corporation Name
BREVARD PHYSICIANS' GROUP, P.A.

Principal Place of Business	Mailing Address
2202 S. BABCOCK ST., SUITE 204 MELBOURNE FL 32901	2202 S. BABCOCK ST., SUITE 204 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1991
3a. Date of Last Report: 05/09/1994
4. FEI Number: 59-3073025 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $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 ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

THAREJA, SUBHASH K M.D.
2202 S. BABCOCK ST.
SUITE 204
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: RAJIV CHANDRA MD
82 Street Address (P.O. Box Number is Not Acceptable): 2202 S. BABCOCK ST # 204
83
84 City: MELBOURNE FL 85 Zip Code: 32901

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: RAJIV CHANDRA, MD DATE: 4-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☒ Change ☐ Addition	
NAME	THAREJA, SUBHASH K M.D.	12 NAME	NO CHANGE	
STREET ADDRESS	2202 S. BABCOCK ST.,#204	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP		
TITLE		21 TITLE	M ☐ Change ☒ Addition	
NAME		22 NAME	RAJIV CHANDRA, MD	
STREET ADDRESS		23 STREET ADDRESS	2202 S. BABCOCK ST # 204	
CITY-ST-ZIP		24 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		31 TITLE	T ☐ Change ☒ Addition	
NAME		32 NAME	BACHU PATEL, MD	
STREET ADDRESS		33 STREET ADDRESS	469 N. HARBOR CITY BLVD	
CITY-ST-ZIP		34 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		41 TITLE	S ☐ Change ☒ Addition	
NAME		42 NAME	JOHN M. CAMDEN, JR, MD	
STREET ADDRESS		43 STREET ADDRESS	1251 S. HICKORY ST.	
CITY-ST-ZIP		44 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RAJIV CHANDRA 4-5-95 407-951-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006600 CP