FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS (215

APPROVED AND FILED
96 APR 19 PM 12:51
610.75
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

3. Date Incorporated or Qualified: **05/31/1991**
3a. Date of Last Report: **04/21/1995**

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

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

9. Name and Address of Current Registered Agent

CHANDRA, RAJIV M.D.
2202 S. BABCOCK ST.
SUITE 204
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300001816793
-05/10/96--01053--008
84 City ***1916.25 FL ****200.00

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THAREJA, SUBHASH K M.D.		1.2 NAME		
STREET ADDRESS	2202 S. BABCOCK ST.,#204		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHANDRA, RAJIV MD		2.2 NAME		
STREET ADDRESS	2202 S. BABCOCKST. #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATEL, BACHU MD		3.2 NAME		
STREET ADDRESS	469 N. HARBOUR CITY BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAYDEN, JOHN M		4.2 NAME		
STREET ADDRESS	1251 S. HICKORY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	$25/9	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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 4-18-96 407-951-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #