**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1997** 105

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

**FILED**
**97 MAY 16 PM 1:52**
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~~<br>~~MELBOURNE FL 32901~~ | ~~2202 S. BABCOCK ST., SUITE 204~~<br>~~MELBOURNE FL 32901~~ |

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 20 E. MELBOURNE AVE | 26 20 E. MELBOURNE AVE. |
| Suite, Apt. #, etc.<br>22 SUITE 104 | Suite, Apt. #, etc.<br>27 SUITE 104 |
| City & State<br>23 MELBOURNE, FL. | City & State<br>28 MELBOURNE, FL. |
| Zip 24 32901 Country 25 | Zip 29 32901 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) 20 E. MELBOURNE AVE.

83 SUITE 104

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 _____ 4-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | 100002181721--T |
| STREET ADDRESS | 2202 S. BABCOCKST. #204 | | 2.3 STREET ADDRESS | -05/16/97--01099--001 |
| CITY-ST-ZIP | MELBOURNE FL 32935 | | 2.4 CITY-ST-ZIP | ***1805.00 ****165.00 |
| 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 | |
| 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 | |

RSP 5/16/97

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:** _____ 4-28-97 407-951-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #