


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 047 \*\*\*150.00

<b>DOCUMENT # S57170</b>	
1. Entity Name <b>BREVARD PHYSICIANS' GROUP, P.A.</b>	

Principal Place of Business <b>20 E. MELBOURNE AVE #104 MELBOURNE, FL 32901</b>	Mailing Address <b>20 E. MELBOURNE AVE #104 MELBOURNE, FL 32901</b>
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04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3073025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHANDRA, RAJIV M.D. 20 E. MELBOURNE AVE #104 MELBOURNE, FL 32901</b>
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**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR CHANDRA, RAJIV 20 E. MELBOURNE AVE #104 MELBOURNE, FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PATEL, BACHU MD 469 N HARBOUR CITY BLVD. MELBOURNE, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAYDEN, JOHN M MD 1251 S HICKORY ST MELBOURNE, FL 32901</b>
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 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:  4/21/04 321-768-6499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #