

2008 FOR PROFIT CORPORATIO ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S79094

1. Entity Name

FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY,
INC.



Principal Place of Business

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3087822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEARE, J. L.
260 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when changing)

DATE

-FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WEARE, J. L. 260 POINCIANA DRIVE INDIAN HARBOUR BEACH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WEARE, MARY L. 260 POINCIANA DRIVE INDIAN HARBOUR BEACH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000987990 04/21/08-80042-012 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

J. L. Weare J. L. WEARE

April 4, 2008

321-777-0166

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number