

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89132 (2)

1. Corporation Name

JERRY I. BRAND, M.D., M.P.H., P.A.

Principal Place of Business

4591 OAK ARBOR CIRCLE
ORLANDO FL 32808

Mailing Address

4591 OAK ARBOR CIRCLE
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3090534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 192.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

KISSIMMEE

2a. Mailing Address

ORLANDO, FL

21. 591 OAK COMMONS BLVD, FL.

26. 4591 OAK ARBOR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. KISSIMMEE, FL

27. -

City & State

City & State

23. -

28. ORLANDO, FLORIDA

24. 32808

Country

USA

29. 32808

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S.
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

81. Name

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

83. -

84. City

FL

85. Zip Code

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

Jerry I Brand MD MPH JERRY I BRAND MD

4/20/95

Signature typed and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRAND, JERRY I.
STREET ADDRESS 4591 OAK ARBOR CIRCLE
CITY- ST- ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

Jerry I Brand MD JERRY I BRAND MD

4/20/95

407 239 1633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE WHEN FILED