

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90691 006 \*\*\*\*50.00

0051705

**DOCUMENT # L02000024253**

1. Entity Name  
**OB/GYN SPECIALISTS OF BREVARD, LLC**



Principal Place of Business      Mailing Address

**782 SANDERLING DR.  
INDIALANTIC FL 32903**      **782 SANDERLING DR.  
INDIALANTIC FL 32903**

2. Principal Place of Business      3. Mailing Address

**1314 PINE STREET**      **1314 PINE STREET**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MELBOURNE, FL**      **MELBOURNE, FL**

Zip      Country      Zip      Country

**32901**      **USA**      **32901**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**82-0565010**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FALLACE, JAMES H  
1900 S. HICKORY ST., STE. A  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>MGRM EDWIN B HAYES</b>	<b>782 SANDERLING DRIVE</b>	<b>INDIALANTIC, FL 32903</b>		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Edwin B Hayes*      **29 Apr 03 321 733 2201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)