

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054279

FILED
Mar 15, 2005
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF BREVARD, LLC

Current Principal Place of Business:

2200 WEST EAU GALLIE BLVD. #200
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2200 WEST EAU GALLIE BLVD. #200
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQ.
1800 W. HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GADODIA, GOPAL
Address: 2200 W EAU GALLIE BLVD #200
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GOPAL GADODIA MGR 03/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date