

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006119 AF

**DOCUMENT # L99000006752**

1. Entity Name  
**PHYSICIANS DEVELOPMENT, L.C.**

**FILED**

**01 MAY -3 PM 1:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **930 SOUTH HARBOR CITY BLVD. MELBOURNE FL 32901**  
Mailing Address: **930 SOUTH HARBOR CITY BLVD. MELBOURNE FL 32901**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State

3. Mailing Address: Suite, Apt. #, etc.  
City & State

4. FEI Number: **59-3605391**  
Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KANCILIA, JOHN R  
1686 WEST HIBISCUS BLVD.  
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.

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

**FILE NOW!!! - FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE: **MGR**  
NAME: **LENOCI, MARTIN A**  
STREET ADDRESS: **930 SOUTH HARBOR CITY BLVD.**  
CITY-ST-ZIP: **MELBOURNE FL 32901**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **MGR**  
NAME: **WASSELLE, JOSEPH MD**  
STREET ADDRESS: **930 SOUTH HARBOR CITY BLVD.**  
CITY-ST-ZIP: **MELBOURNE FL 32901**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: **MGR**  
NAME: **POCOSKI, DAVID J MD**  
STREET ADDRESS: **930 SOUTH HARBOR CITY BLVD.**  
CITY-ST-ZIP: **MELBOURNE FL 32901**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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:** \_\_\_\_\_

**05-01-01**

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

CRE083 (11/00)