


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L990Q0006752**

1. Entity Name  
 PHYSICIANS DEVELOPMENT, L.C.



Principal Place of Business 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901	Mailing Address 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



08062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3605391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R  
 1686 WEST HIBISCUS BLVD.  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2004**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LENOCI, MARTIN A 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WASSELLE, JOSEPH MD 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POCOSKI, DAVID J MD 930 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901
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00000169595  
 08/09/04-80003-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**  **8/6/04** **321-725-5050**

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