


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90011 008 \*\*\*\*55.00

DOCUMENT # L99000006752	
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



07012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3605391	Applied For Not Applicable
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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

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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 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENOCI, MARTIN A <i>DPM</i> 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 <i>Peter Koretsky MD 930 S. Harbor City Blvd Melb. FL 32901</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: *7-12-05* Daytime Phone #: *321-725-5050*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE