


# L99000006752

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006752**

1. Entity Name  
**Physicians Development, L.C.**



**FILED**  
03 MAY 20 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

800019329558  
05/20/03--01008--010 \*\*50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>930 S harbor City BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Melbourne FL</b>		City & State	
Zip <b>32901--</b>	Country	Zip	Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kancilia, John R**

Street Address (P.O. Box Number is Not Acceptable)  
**1686 W Hibiscus blvd**

City **Melbourne** FL Zip Code **32901**

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

**900009796009**  
**01/03/03 01013 001 \$150.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGR Lenoci, Martin A 930 S harbor City BLVD Melbourne FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGR Wasselle, Joseph MD 930 S. harbor City BLVD Melbourne FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGR Pocoski, David J MD 930 S. harbor City BLVD Melbourne FL 32901</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 02-03  
dec

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:  **04.30.03**

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

CR2E083B (12/02)