

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019303

**Entity Name:** BREVARD HEALTH CARE LLC

**Current Principal Place of Business:**

1735 W HISBISCUS BLVD  
SUITE 201  
MELBOURNE, FL 32901

**Current Mailing Address:**

1735 W HISBISCUS BLVD  
SUITE 201  
MELBOURNE, FL 32901 US

**FEI Number:** 32-0078898

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARISSA, ROCOURT  
1735 W HISBISCUS BLVD  
SUITE 201  
MELBOURNE, FL 32901 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name ROCOURT, MARISSA DR.  
Address 1735 W HISBISCUS BLVD  
SUITE 201  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARISSA ROCOURT

MD

05/02/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date