

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019303

Entity Name: BREVARD HEALTH CARE LLC

Current Principal Place of Business:

2191 JULIAN AVE
PALM BAY, FL 32905

Current Mailing Address:

P.O BOX 60570
PALM BAY , FL 32905 US

FEI Number: 32-0078898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARISSA, ROCOURT
2191 JULIAN AVE
PALM BAY, FL 32905 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 P.O BOX 60570
City-State-Zip: PALM BAY FL 32905

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

PRESIDENT

02/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date