

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000182

Entity Name: BREVARD GI ASSOCIATES, LLC**Current Principal Place of Business:**1974 ROCKLEDGE BLVD
SUITE 102
ROCKLEDGE, FL 32955**Current Mailing Address:**1009 HARVIN WAY SUITE 100
ROCKLEDGE, FL 32955 US**FEI Number:** 20-0931799**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDREW, TOBKES
1009 HARVIN WAY
STE 100
ROCKLEDGE, FL 32955 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:** ANDREW TOBKES

02/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	AGUILO SEARA, FRANCISCO
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

Title	MANAGER
Name	TOBKES, ANDREW I
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

Title	MANAGER
Name	RYLANDER, WILLIAM
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

Title	MANAGER
Name	KRISHNA, MURALI DR.
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

Title	MANAGER
Name	GOMEZ, JUSTIN M.D.
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

Title	MANAGER
Name	KUWAJIMA, VANESSA
Address	1974 ROCKLEDGE BLVD SUITE 102
City-State-Zip:	ROCKLEDGE FL 32955

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: ANDREW TOBKES

MANAGER

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date