

**2015 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:**

BAUGHAN, SCOTT MESQ  
895 BARTON BLVD  
STE B  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name GOMEZ, REX L  
Address 1974 ROCKLEDGE BLVD SUITE 102  
City-State-Zip: ROCKLEDGE FL 32955

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

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

Title MGRM  
Name CHEN, JIAN-JUN  
Address 1905 SYKES CREEK DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title MANAGING MEMBER  
Name KRISHNA, MURALI DR.  
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**

**MANAGING MEMBER**

**01/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date