

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051081

**Entity Name:** BRYSON DRIVE, LLC

**Current Principal Place of Business:**

5515 BRYSON DRIVE, SUITE 501  
NAPLES, FL 34109

**Current Mailing Address:**

5515 BRYSON DRIVE, SUITE 501  
NAPLES, FL 34109

**FEI Number:** 20-1404067

**Certificate of Status Desired:** No

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

NOVATT, JEFF MESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
825 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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	Title	MGR
Name	KOROLEVICH, ROBERT M M.D.	Name	GALLOPS, MICHAEL R M.D.
Address	5515 BRYSON DRIVE, SUITE 501	Address	5515 BRYSON DRIVE, SUITE 501
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT M KOROLEVICH MD

**PRESIDENT**

**04/03/2013**

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

\_\_\_\_\_  
Date