

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054279

FILED
Feb 12, 2018
Secretary of State
CC5256265924

Entity Name: MEDICAL ASSOCIATES OF BREVARD, LLC

Current Principal Place of Business:

2200 WEST EAU GALLIE BLVD. #200
MELBOURNE, FL 32935

Current Mailing Address:

POB 361095
MELBOURNE, FL 32936

FEI Number: 59-3360315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KANCILIA, JOHN RESQ.
1795 WEST NASA BOULEVARD
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 MANAGER
Name AHMED, TAMER
Address 2200 W EAU GALLIE BLVD #202B
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name BAKSHI, SHAKTI
Address 6550 WICKHAM RD, # 2
City-State-Zip: MELBOURNE FL 32940

Title MANAGER
Name GADODIA, GOPAL
Address 2200 W EAU GALLIE BLVD #200
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name LAI, MING
Address 910 MALABAR ROAD
City-State-Zip: PALM BAY FL 32907

Title MANAGER
Name MINOR, MARK
Address 2290 W EAU GALLIE BLVD #205
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name PINSKY, MARK
Address 8045 SPYGLASS HILL RD STE 101
City-State-Zip: MELBOURNE FL 32940

Title MANAGER
Name BANSAL, PARVESH
Address 1400 PINE STREET
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name COHEN, DANIEL
Address 7730 N WICKHAM RD
SUITE 103
City-State-Zip: MELBOURNE FL 32940

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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: TAMER AHMED

MANAGER

02/12/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name DAS, RAJIVE
Address 1071 PORT MALABAR BLVD
SUITE 111
City-State-Zip: PALM BAY FL 32905

Title MANAGER
Name DESAI, RAJESH
Address 2290 W EAU GALLIE BLVD
SUITE 100
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name DOVGAN, PETER
Address 655 S APOLLO BLVD
SUITE 2
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name EGGEN, STEVEN
Address 5055 BABCOCK STREET
SUITE 2
City-State-Zip: PALM BAY FL 32905

Title MANAGER
Name GOMEZ, ROLANDO
Address 304 S HARBOR CITY BLVD
SUITE 101
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name HTAY, ZAW
Address 1301 W EAU GALLIE BLVD
SUITE 108
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name IRELAND, MARK
Address 1380 S PATRICK DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title MANAGER
Name KEARNEY, JAMES
Address 580 N WICKHAM RD
SUITE A
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name MISHRA, POONAM
Address 401 N WICKHAM RD
SUITE H
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name PINTO, S JERRY
Address 402 N BABCOCK STREET
SUITE 102

Title MANAGER
Name DEL ROSARIO, LUIS
Address 1535 W. NASA BLVD.
BLDG C SUITE 103
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name DHRUV, NIKHITA
Address 2290 W EAU GALLIE BLVD
SUITE 100
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name DESAI, SHASHIN
Address 2200 W EAU GALLIE BLVD
SUITE 200
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name GAYED, ESMAT
Address 3021 W EAU GALLIE BLVD
SUITE 101
City-State-Zip: MELBOURNE FL 32934

Title MANAGER
Name HANLEY, MARK
Address 2200 W EAU GALLIE BLVD
SUITE 202B
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name IRELAND, BRIAN
Address 1380 S PATRICK DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title MANAGER
Name JATHAL, ADWIT
Address 200 MICHIGAN AVE
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name MCTAMMANY, MARK
Address 1315 VALENTINE STREET
City-State-Zip: MELBOURNE FL 32901

Title MANAGER
Name MITRA, SUE
Address 397 N WICKHAM RD
SUITE 101
City-State-Zip: MELBOURNE FL 32935

Title MANAGER
Name SONI, MAHESH
Address 1051 PORT MALABAR BLVD
SUITE 9
City-State-Zip: PALM BAY FL 32905

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name TEWATIA, TARUN

Address 6550 WICKHAM ROAD
SUITE 2

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name VYAS, SHARAD

Address 2186 HARRIS AVENUE NE
SUITE 2

City-State-Zip: PALM BAY FL 32905

Title MANAGER

Name JAIN, NITIN

Address 2010 W EAU GALLIE BLVD
SUITE 106

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name GARCIA, JOVEN

Address 6080 BABCOCK ST. SE

City-State-Zip: PALM BAY FL 32909

Title MANAGER

Name BORBOROGLU, PRODRAMOS

Address 575 S WICKHAM ROAD
A

City-State-Zip: WEST MELBOURNE FL 32904

Title MANAGER

Name GROVER, ANJU

Address 2010 W EAU GALLIE BLVD
SUITE 106

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name ANDERSON, THOMAS

Address 3040 N WICKHAM ROAD
SUITE 10

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name NUNES, SCOTT

Address 8057 SPYGLASS HILL ROAD
SUITE 104

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name TURCK, RONALD

Address 8045 SPYGLASS HILL ROAD
SUITE 102

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name PATEL, RAKESH

Title MANAGER

Name TURSE, JOHN

Address 200 MICHIGAN AVE

City-State-Zip: MELBOURNE FL 32901

Title MANAGER

Name WASER, GERGORY

Address 1801 SARNO ROAD
SUITE 8

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name CHHINDRA, JAGDEEP

Address 5200 BABCOCK STREET #103

City-State-Zip: PALM BAY FL 32905

Title MANAGER

Name LORENTE, MIGUEL

Address 2107 DAIRY ROAD

City-State-Zip: MELBOURNE FL 32904

Title MANAGER

Name SARACINO, ANTHONY

Address 575 S WICKHAM ROAD
A

City-State-Zip: WEST MELBOURNE FL 32904

Title MANAGER

Name GO, JAMES

Address 2290 W EAU GALLIE BLVD
SUITE 110

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name MODH, BRINDA

Address 8045 SPYGLASS HILL ROAD
SUITE 104

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name PATEL, PRATIK

Address 8045 SPYGLASS HILL ROAD
SUITE 104

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name BERK, DANNY

Address 8057 SPYGLASS HILL RD #104

City-State-Zip: MELBOURNE FL 32940

Title MANAGER

Name BIMBRAHW, PREETI

Address 8095 SPYGLASS HILL ROAD
#104

City-State-Zip: MELBOURNE FL 32940

Address 2200 W EAU GALLIE BLVD #200

City-State-Zip: MELBOURNE FL 32935

Title MANAGER

Name SZOKE, ERVIN

Address 2290 W EAU GALLIE BLVD
#100

City-State-Zip: MELBOURNE FL 32935