

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054279

FILED
Feb 23, 2017
Secretary of State
CC2288437007

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 104
City-State-Zip: MELBOURNE FL 32940

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

Title MANAGER
Name CHANDRA, SUMEET
Address 2290 W EAU GALLIE BLVD
SUITE 202
City-State-Zip: MELBOURNE FL 32935

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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

02/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title MANAGER
Name DEL ROSARIO, LUIS
Address 1535 W. NASA BLVD.
BLDG C SUITE 103
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Title MANAGER
Name DHRUV, NIKHITA
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SUITE 100
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Title MANAGER
Name DUHAIME, LISA
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Title MANAGER
Name EGGEN, STEVEN
Address 5055 BABCOCK STREET
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Title MANAGER
Name GOMEZ, ROLANDO
Address 304 S HARBOR CITY BLVD
SUITE 101
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Title MANAGER
Name HTAY, ZAW
Address 3040 N WICKHAM RD
SUITE 6
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 KOMAR, ALEKSANDER
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Title MANAGER
Name MCTAMMANY, MARK
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Title MANAGER
Name DAS, RAJIVE
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Title MANAGER
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Title MANAGER
Name DESAI, SHASHIN
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Title MANAGER
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Title MANAGER
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Title MANAGER

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Title MANAGER

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Title MANAGER

Name PATEL, PRATIK

Title MANAGER

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Title MANAGER

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SUITE 102

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City-State-Zip: MELBOURNE FL 32940
Title MANAGER
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Title MANAGER
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