Authorized Person(s) Detail :		
	Electronic Signature of Registered Agent	
SIGNATURE:	EDWIN HAYES	
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or b	

Title	MGRM
Name	HAYES, EDWIN M.D.
Address	1555 WEST NASA BLVD.
City-State-Zip:	MELBOURNE FL 32901

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: EDWIN HAYES MGRM

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

both, in the State of Florida.

Name and Address of Current Registered Agent:

EDWIN, HAYES MD 1555 WEST NASA BLVD. MELBOURNE, FL 32901 US

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REF	ORT

DOCUMENT# L05000081145

Entity Name: OB/GYN SPECIALISTS OF BREVARD REAL ESTATE, LLC

Current Principal Place of Business:

1555 WEST NASA BLVD. MELBOURNE, FL 32901

Current Mailing Address:

1555 WEST NASA BLVD. MELBOURNE, FL 32901 US

FEI Number: 20-3304936

01/17/2018

Date

01/17/2018

FILED Jan 17, 2018 Secretary of State CC9229623413

Date