

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116805

**Entity Name:** BREVARD INTERNAL MEDICINE & WALK-IN CLINIC PLLC

**Current Principal Place of Business:**

2795 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

**Current Mailing Address:**

P O BOX 411685  
MELBOURNE, FL 32941 US

**FEI Number:** 27-1424884

**Certificate of Status Desired:** No

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

KUMAR, ARAVIND  
3457 CAPPJO DRIVE  
MELBOURNE, FL 32940 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 KUMAR, ARAVIND  
Address 3457 CAPPJO DRIVE  
City-State-Zip: MELBOURNE FL 32940

*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:** ARAVIND KUMAR

MGRM

04/16/2017

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

\_\_\_\_\_  
Date