

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006752

**Entity Name:** PHYSICIANS DEVELOPMENT, L.C.

**Current Principal Place of Business:**

2200 S. BABCOCK STREET  
MELBOURNE, FL 32901

**Current Mailing Address:**

2200 S. BABCOCK STREET  
MELBOURNE, FL 32901 US

**FEI Number:** 59-3605391

**Certificate of Status Desired:** No

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

FLAVIN NOONEY & PERSON  
2200 S. BABCOCK STREET  
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:** THOMAS P. FLAVIN

04/24/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LENOCI, MARTIN A	Name	WASSELLE, JOSEPH MD
Address	330 FIFTH AVENUE	Address	330 FIFTH AVENUE
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	MGR		
Name	SLOMIN, GLENN DO		
Address	330 FIFTH AVENUE		
City-State-Zip:	INDIALANTIC FL 32903		

*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:** LENOCI , MARTIN A

MGR

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date