

2018 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

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LENOCI, MARTIN A
Address 330 FIFTH AVENUE
City-State-Zip: INDIALANTIC FL 32903

Title MGR
Name WASSELLE, JOSEPH MD
Address 330 FIFTH AVENUE
City-State-Zip: INDIALANTIC FL 32903

Title MGR
Name SLOMIN, GLENN DO
Address 330 FIFTH AVENUE
City-State-Zip: INDIALANTIC FL 32903

Title REGISTERED AGENT
Name FLAVIN NOONEY & PERSON CPAS
Address 2200 S. BABCOCK STREET
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: FLAVIN NOONEY & PERSON CPAS

REGISTERED AGENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date