

**2020 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

06/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NUNES, C. SCOTT M.D.  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title MGR  
Name WASSELLE, JOSEPH M.D.  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title MGR  
Name VELLODY, RAJ M.D.  
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:** C. SCOTT NUNES M.D.

MANAGER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date