

2019 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

05/30/2019

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: THOMAS P. FLAVIN

REGISTERED AGENT

05/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date