


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000006679 1. Entity Name ASC OF BREVARD II, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 502 E NEW HAVEN MELBOURNE, FL 32901 | Mailing Address 502 E NEW HAVEN MELBOURNE, FL 32901 |
|---|---|



04062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|--|
| 4. FEI Number 27-0077385 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent FALLACE & LARKIN, L.C. 1900 S. HICKORY ST, STE A MELBOURNE, FL 32901 |
|--|

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROUSSARD, WILLIAM 502 E NEW HAVEN MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PAYLOR, RALPH 502 E NEW HAVEN MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZORBIS, ANDREW 502 E NEW HAVEN MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEISER, DAVID 502 E NEW HAVEN MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FREEMAN, L. NEAL 502 E NEW HAVEN MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000548394
05/12/06-80062-010 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: William J. Broussard William J. BROUSSARD 4-26-06 321-726-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #