

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90323 008 \*\*\*\*55.00

**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

60046313



03082007 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



**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/07  
William J. Broussard 321-726-4000