

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 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**



04142008No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	

U00000832372
05/22/08-80053-004 143.75

**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 #

William F. BROUSSARD

4-22-08 321-726-4000