

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058496

FILED
Apr 13, 2005
Secretary of State

Entity Name: BREVARD MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

1251 S. HICKORY STREET
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

5450 VILLAGE DRIVE
VIERA, FL 32955 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EISENMENGER, GREGORY W ESQUIRE
5450 VILLAGE DRIVE
VIERA, FL 32955 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GAYDEN, JOHN M MD
Address: 1251 S. HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR () Delete
Name: WEBB, ROBERT A
Address: 604 NE CEDAR SIDE CIRCLE
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN M. GAYDEN, M.D.

MGRM

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date