

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101269

FILED
Apr 22, 2010
Secretary of State

Entity Name: BREVARD VASCULAR ASSOCIATES, LLC

Current Principal Place of Business:

1257 FLORIDA AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

110 LONGWOOD AVENUE
P O BOX 565002, MS75
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 26-0866501 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WUESTHOFF FAMILY PHYSICIANS
110 LONGWOOD AVENUE
ROCKLEDGE, 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/MANAGERS:

Title: MGRM
Name: WUESTHOFF FAMILY PHYSICIANS, INC.
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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: LYNDIA KIRKLAND BARRIE

VP

04/22/2010

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