

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101269

FILED
Apr 09, 2011
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:

1116 GEIGER STREET
ROCKLEDGE, FL 32955

Current Mailing Address:

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

New Mailing Address:

1116 GEIGER STREET
ROCKLEDGE, FL 32955

FEI Number: 26-0866501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WUESTHOFF FAMILY PHYSICIANS
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SCHF FAMILY PHYSICIANS
1116 GEIGER STREET
ROCKLEDGE, FL 32955 US

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: JOHNETTE GINDLING

04/09/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHF FAMILY PHYSICIANS, INC.
Address: 1116 GEIGER STREET
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: FRAN PICKETT

C

04/09/2011

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