

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101269

FILED
Mar 21, 2012
Secretary of State

Entity Name: BREVARD VASCULAR ASSOCIATES, LLC

Current Principal Place of Business:

1116 GEIGER STREET
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1116 GEIGER STREET
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 26-0866501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHF FAMILY PHYSICIANS
1116 GEIGER STREET
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: 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

03/21/2012

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