

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102001

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: CANCER SCREENING CENTER OF BREVARD, LLC

**Current Principal Place of Business:**

1920 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1920 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BRENNAN MANNA & DIAMONG P.L.  
76 SOUTH LAURA STREET, STE 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

BOYD & MARKS, LLC  
360 NORTH BABCOCK STREET  
SUITE 104  
MELBOURNE, FL 32935 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: DOUGLAS MARKS, ESQ

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FOSTER, THOMAS R M.D.  
Address: 1920 SOUTH BABCOCK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: MILLER, PAUL A M.D.  
Address: 1920 SOUTH BABCOCK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: MARTINEZ, JORGE E M.D.  
Address: 1920 SOUTH BABCOCK STREET  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES:**

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

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 exemption stated in Chapter 119, 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: THOMAS R. FOSTER, M.D.

MGR

03/19/2008

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