

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000044758

**FILED  
Mar 21, 2012  
Secretary of State**

**Entity Name:** GASTROENTEROLOGY ASSOCIATES OF BREVARD, 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:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SCHF FAMILY PHYSICIANS, INC.  
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

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