

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111690

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** CARDIOLOGY ASSOCIATES OF BREVARD, LLC

**Current Principal Place of Business:**

240 N WICKHAM ROAD  
SUITE 108  
MELBOURNE, FL 329358662

**New Principal Place of Business:**

1116 GEIGER STREET  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

1116 GEIGER STREET  
ROCKLEDGE, FL 32955

FEI Number: 27-1367167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WUESTHOFF FAMILY PHYSICIANS, INC  
110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955 US

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

SCHF FAMILY PHYSICIANS, INC  
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