

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116805

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** BREVARD INTERNAL MEDICINE & WALK-IN CLINIC PLLC

**Current Principal Place of Business:**

3044 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 411685  
MELBOURNE, FL 32941 US

**New Mailing Address:**

**FEI Number:** 27-1424884      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KUMAR, ARAVIND  
3457 CAPPIO DRIVE  
MELBOURNE, FL 32940 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:** KUMAR, ARAVIND  
**Address:** 3457 CAPPIO DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940 US

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: ARAVIND KUMAR

MGRM

03/11/2012

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