

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041002

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** BREVARD HEALTH CENTER, PL

**Current Principal Place of Business:**

301 SHERIDAN ROAD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

301 SHERIDAN ROAD  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 27-2435182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALAJI, GOBIVENKATA  
301 SHERIDAN ROAD  
MELBOURNE, FL 32901 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:** BALAJI, GOBIVENKATA M.D.  
**Address:** 301 SHERIDAN ROAD  
**City-St-Zip:** MELBOURNE, FL 32901

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: GOBIVENKATA BALAJI

MGRM

03/22/2011

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