

DOCUMENT# L10000067142

Entity Name: PHYSICIANS MANAGEMENT OF BREVARD, LLC

New Principal Place of Business:

Current Mailing Address:**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:

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: MGR
Name: MALLAK, LYNN
Address: 27 E. HIBISCUS BOULEVARD, SUITE C
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: LYNN MALLAK

MGR

04/21/2011

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