

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034325

Entity Name: BREVARD PHYSICIANS PA

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7137 N US HWY 1  
COCOA, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

7137 N US HWY 1  
COCOA, FL 32927 US

**New Mailing Address:**

833 BARTON BLVD  
ROCKLEDGE, FL 32955 US

FEI Number: 27-2399646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GEMMELL, MICHAEL S  
2077 SEAWIND COURT  
INDIALANTIC, FL 32903 US

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

KUMAR, VINAY  
833 BARTON BLVD  
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: VINAY KUMAR

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KUMAR, VINAY  
Address: 4820 N COURTNEY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINAY KUMAR

DIR

01/25/2011

Electronic Signature of Signing Officer or Director

Date