

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101549

Entity Name: VIERA MEDICAL PLAZA AT VIERA HEALTH PARK, LLC**Current Principal Place of Business:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955**Current Mailing Address:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955**FEI Number:** 20-5751839**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W. ESQ.
6450 US HIGHWAY 1
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:** NICHOLAS W. ROMANELLO

04/14/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name HEALTH FIRST HOLDING CORP.
Address 6450 U.S. HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title MANAGER, PRESIDENT
Name JUST, PAULA B.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title MANAGER, SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title MANAGER, TREASURER
Name ESROCK, BRETT A.
Address 6450 U.S. HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS W. ROMANELLO**MANAGER AND
SECRETARY**

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date