

2015 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:**MATHIAS, DAVID E
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:**_____
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 PRESIDENT
Name RECTOR, DREW A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name MITCHELL, JAMES S. III
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY
Name MATHIAS, DAVID E.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER
Name FELKNER, JOSEPH G.
Address 6450 US 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: DREW A. RECTOR**PRESIDENT****03/06/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date