

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124110

Entity Name: 1ST CHOICE MEDICAL FUNDING, LLC

Current Principal Place of Business:

9556 BARLETTA WINDS POINT
DELRAY BEACH, FL 33446

Current Mailing Address:

9556 BARLETTA WINDS POINT
DELRAY BEACH, FL 33446 US

FEI Number: 61-1551502

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNETT, ROBERT J
950 S PINE ISLAND ROAD
A150
PLANTATION, FL 33324 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 MGRM
Name 1ST CHOICE MEDICAL FUND, INC.
Address 2295 N.W. CORPORATE BLVD., #140
City-State-Zip: BOCA RATON FL 33431

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: SHAY CORCIA

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date