

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000097650

Entity Name: HEALTH FIRST QUICKCARE, LLC

Current Principal Place of Business:

1350 S. HICKORY STREET
MELBOURNE, FL 32901

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

FEI Number: 90-0520186

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	MGR	Title	SECRETARY
Name	RECTOR, DREW A	Name	CURRIN, RANDY
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	TREASURER	Title	ASST. SECRETARY
Name	STILSON, DWAIN	Name	MATHIAS, DAVID E.
Address	3300 FISKE BOULEVARD	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	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

MGR

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date