

**2013 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  
Name RECTOR, DREW A  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DREW A. RECTOR

MGR

03/25/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date