

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000122583

Entity Name: CHIRON URGENT CARE LLC

Current Principal Place of Business:

603 N. WASHINGTON AVE, SUITE 101
TITUSVILLE, FL 32796

Current Mailing Address:

6450 US HWY 1
ROCKLEDGE, FL 32955

FEI Number: 46-1056256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HWY 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 AMBR
Name HEALTH FIRST MEDICAL GROUP I
Address 6450 US HWY 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: JEFFREY C. STALNAKER, M.D.

PRESIDENT

03/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date