

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000159382

Entity Name: HEALTH FIRST MEDICAL GROUP, 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:** 46-1243081**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	MGRM	Title	MGR, SECRETARY, TREASURER
Name	HEALTH FIRST PHYSICIANS, INC.	Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	VP	Title	ASSISTANT SECRETARY
Name	RECTOR, DREW A.	Name	MATHIAS, DAVID D.
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	PRESIDENT	Title	CEO
Name	DOUGLASS, TRAVIS	Name	STALNAKER, JEFFREY S. DR.
Address	1223 GATEWAY DRIVE	Address	6450 US HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32901	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: JOSEPH G. FELKNER**MGR****01/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date