

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023911

Entity Name: HEALTH FIRST PHYSICIANS REAL ESTATE, LLC

Current Principal Place of Business:

6450 SOUTH US HWY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 SOUTH US HWY 1
ROCKLEDGE, FL 32955

FEI Number: 46-2116009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W. ESQ.
6450 SOUTH 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: NICHOLAS W. ROMANELLO

04/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HEALTH FIRST PHYSICIANS, INC.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT
Name STALNAKER, JEFFREY C. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name JUST, PAULA B.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY, TREASURER
Name ESROCK, BRETT A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title ASSISTANT SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ.
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS W. ROMANELLO

ASSISTANT SECRETARY

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date