

**2015 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:**

MATHIAS, DAVID  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HEALTH FIRST PHYSICIANS INC  
Address 6450 SOUTH 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:** TRAVIS DOUGLASS

**PRESIDENT**

**03/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date