2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90076 005 ****55.00 DOCUMENT # L03000033641 1. Entity Name VISIÓN FIRST, LLC Principal Place of Business Mailing Address 24061046 C/O MARION AXEL C/O MARION AXEL 502 EAST NEW HAVEN 502 EAST NEW HAVEN MELBOURNE, FL 32901 MELBOURNE, FL 32901 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 90-0108886 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 风 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVE TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition TITLE ☐ Delete TITLE MGRM □ Change PAYLOR RALPH R., M.D. 7005. RIVERSIDE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TITLE **Addition** TITLE ☐ Delete MGRM BROWSSARD, WILLEM J., M.D. 3660 N. RIVERSIDE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP INDIALANTIC FL 32903 TITLE ☐ Delete TITLE Addition MGRM NAME NAME FREEMAN, L. NEAL M. D. 502 E. NEW HAVEN A VENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE ☐ Delete TITLE ☐ Change **X** Addition MGRM ZORBIS ANDREW, M.D. 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** MGRM NAME NAME BARKER, PATRICIA STREET ADDRESS STREET ADDRESS 4708 FAIRVIEW ARIVE 22931 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ☐ Change ✓ Addition NAME NAME AXEL, MARION STREET ADDRESS STREET ADDRESS 1697C Hury AIA CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and acculate and that my 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MENAGER, OR AUTHORIZED REPRESENTATIVE

4-27-04 (32)727-2020

Daytime Phone # X4003