


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90090 043 ****55.00

DOCUMENT # L03000033641	
1. Entity Name VISION FIRST, LLC	

Principal Place of Business C/O MARION AXEL 502 EAST NEW HAVEN MELBOURNE FL 32901	Mailing Address C/O MARION AXEL 502 EAST NEW HAVEN MELBOURNE FL 32901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 90-0108886		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYLOR, RALPH R M.D. 700 S RIVERSIDE DR INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, NEAL L M.D. 502 E NEW HAVEN AVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUSSARD, WILLIAM J M.D. 3660 N RIVERSIDE DR INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZORBIS, ANDREW M.D. 502 E NEW HAVEN AVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKER, PATRICIA 4708 FAIRVIEW DR COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEX, MARION 1697C HWY A1A SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AXEL, MARION 1697C HWY A1A SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 accurate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **MANAGER MEMBER** 4-28-05 321-726-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
William J. Broussard, M.D.