

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # N44749 (2)

1. Corporation Name

HEALTH FIRST MEDICAL GROUP, INC.

Principal Place of Business

701 W COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

Mailing Address

701 W COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/19/1991

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3093008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GARRISON, LARRY F.
701 W COCOA BEACH CAUSEWAY
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARRISON, LARRY F.	
STREET ADDRESS	701 W COCOA BEACH CSWY.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROBERSON, RONALD J	
STREET ADDRESS	701 W COCOA BEACH CSWY	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, CAROLYN	
STREET ADDRESS	701 W COCOA BEACH CSWY.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSSEN, BRIAN J.	
STREET ADDRESS	701 W COCOA BEACH CSWY.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSEN, MARVIN N.	
STREET ADDRESS	701 W COCOA BEACH CSWY.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEZZANO, VINCENT	
STREET ADDRESS	701 W. COCOA BCH, CSWY	
CITY - ST - ZIP	COCOA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	JONES, MARVIN
3.4 CITY - ST - ZIP	175 Stewart Drive Merritt Island, FL 32952
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	PALERMO, JAMES, M.D.
4.4 CITY - ST - ZIP	1935 N. Tropical Trail Merritt Island, FL 32953
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	CARTER, JAMES, M.D.
5.4 CITY - ST - ZIP	220 S. Courtenay Parkway Merritt Island, FL 32952
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

407 799-7135

Daytime Phone #

CR2E037 (12/95)