

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 012 ***150.00

DOCUMENT # P95000085654

1. Entity Name
HEALTH FIRST MEDICAL MANAGEMENT, INC.



Principal Place of Business

6450 US HWY #1
ROCKLEDGE, FL 32955

Mailing Address

6450 US HWY #1
ROCKLEDGE, FL 32955



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3348252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHAIS, DAVID E
6450 US HWY #1
ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME MEANS, MICHAEL D
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE P
NAME GARRISON, LARRY F
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VP
NAME TURNER, DOUGLAS W
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VPD
NAME KENNEDY, CHRISTOPHER S
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE TD
NAME GALLOWAY, ROBERT C
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D
NAME RODDENBERRY, JACK
STREET ADDRESS 6450 US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David E Mathias

David E. Mathias

4/22/05

321-434-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #