


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 028 ***150.00

DOCUMENT # P95000085654 1. Entity Name HEALTH FIRST MEDICAL MANAGEMENT, INC.	
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Principal Place of Business 6450 US HWY #1 ROCKLEDGE, FL 32955	Mailing Address 6450 US HWY #1 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE

40023349



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3348252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATHAIS, DAVID E 6450 US HWY #1 ROCKLEDGE, FL 32955	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEANS, MICHAEL D 6450 US HWY #1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, LARRY F 6450 US HWY #1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, DOUGLAS W 6450 US HWY #1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENNEDY, CHRISTOPHER S 6450 US HWY #1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLOWAY, ROBERT C 6450 US HWY #1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODENBERRY, JACK 6450 US HWY #1 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 exemptions contained in Chapter 119, 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: Larry Garrison, P 2/24/06 321/434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #