


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**  
04-25-2003 90256 027 \*\*\*150.00

0130181  
AV

**DOCUMENT #** P95000085654

1. Entity Name  
**HEALTH FIRST MEDICAL MANAGEMENT, INC.**



Principal Place of Business  
**8249 DEVEREUX DRIVE  
MELBOURNE FL 32940**

Mailing Address  
**8249 DEVEREUX DRIVE  
MELBOURNE FL 32940**

**11017774**



2. Principal Place of Business  
**6450 U.S. Hwy #1**

3. Mailing Address  
**6450 U.S. Hwy #1**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Rockledge, FL**

City & State  
**Rockledge, FL**

Zip  
**32955** Country  
**USA**

Zip  
**32955** Country  
**USA**

4. FEI Number  
**59-3348252**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHAIS, DAVID E**  
**8249 DEVEREUX DRIVE**  
**MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

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

**6450 U.S. Hwy #1**

City  
**Rockledge** FL Zip Code  
**32955**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MEANS, MICHAEL D</b> <b>8249 DEVEREUX DRIVE</b> <b>MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARRISON, LARRY F</b> <b>8249 DEVEREUX DRIVE</b> <b>MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TURNER, DOUGLAS W</b> <b>3300 FISKE BOULEVARD</b> <b>ROCKLEDGE FL 32955</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KENNEDY, CHRISTOPHER S</b> <b>701 WEST COCOA BEACH CSWY</b> <b>COCOA BEACH FL 32931</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GALLOWAY, ROBERT C</b> <b>8249 DEVEREUX DRIVE</b> <b>MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODDENBERRY, JACK</b> <b>8249 DEVEREUX DRIVE</b> <b>MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6450 U.S. Hwy #1</b> <b>Rockledge, FL 32955</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6450 U.S. Hwy #1</b> <b>Rockledge, FL 32955</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Larry F. Garrison, President**

**3/24/03** **321 - 434-4355**  
Date Daytime Phone #

CR2E034 (10/02)