

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085654

Entity Name: HEALTH FIRST MEDICAL MANAGEMENT, INC.**Current Principal Place of Business:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955**Current Mailing Address:**6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
ROCKLEDGE, FL 32955**FEI Number:** 59-3348252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHAIS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	SECRETARY, DIRECTOR
Name	MITCHELL, JAMES S III	Name	RECTOR, DREW A
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	TREASURER, DIRECTOR	Title	ASST. SECRETARY
Name	FELKNER, JOSEPH G	Name	MATHIAS, DAVID E
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR		
Name	RODDENBERRY, JACK		
Address	6450 US HIGHWAY 1		
City-State-Zip:	ROCKLEDGE FL 32955		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES S. MITCHELL III

VICE PRESIDENT

03/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date