

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124110

**Entity Name:** 1ST CHOICE MEDICAL FUNDING, LLC

**Current Principal Place of Business:**

9556 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

9556 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446 US

**FEI Number:** 61-1551502

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARNETT, ROBERT J  
950 S PINE ISLAND ROAD  
A150  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name 1ST CHOICE MEDICAL FUND, INC.  
Address 2295 N.W. CORPORATE BLVD., #140  
City-State-Zip: BOCA RATON FL 33431

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHAY CORCIA

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date