

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000159382

Entity Name: HEALTH FIRST MEDICAL GROUP, LLC

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

FEI Number: 46-1243081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W. ESQ.
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: NICHOLAS W. ROMANELLO

04/03/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HEALTH FIRST PHYSICIANS, INC.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title MGR, SECRETARY, TREASURER
Name FELKNER, JOSEPH G
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name RECTOR, DREW A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title ASSISTANT SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT
Name DOUGLASS, TRAVIS
Address 1223 GATEWAY DRIVE
City-State-Zip: MELBOURNE FL 32901

Title CEO
Name STALNAKER, JEFFREY S. DR.
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 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: TRAVIS DOUGLASS

PRESIDENT

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date