

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006020

**Entity Name:** HEALTH FIRST INFUSION LLC

**Current Principal Place of Business:**

1959 W 9TH STREET SUITE A  
WEST PALM BEACH, FL 33404

**Current Mailing Address:**

1959 W 9TH STREET SUITE A  
WEST PALM BEACH, FL 33404 US

**FEI Number:** 65-0595604

**Certificate of Status Desired:** No

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

GIRGIS, AKRAM  
1959 W 9TH STREET SUITE A  
WEST PALM BEACH, FL 33404 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 MGR  
Name GIRGIS, AKRAM  
Address 1959 W 9TH STREET SUITE A  
City-State-Zip: WEST PALM BEACH FL 33404

*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:** AKRAM GIRGIS

**PRESIDENT**

**04/01/2019**

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

\_\_\_\_\_  
Date