

2018 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:

1052 S POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIRGIS, AKRAM
1052 S POWERLINE RD
DEERFIELD BEACH, FL 33442 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 1052 S POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

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

MGR

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date