

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003610

Entity Name: HEALTH FIRST, 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 US**FEI Number:** 59-3336894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIAS, 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 EVP, CFO
Name FELKNER, JOSEPH G
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name DWIGHT, JAMES
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PICKETT, FRAN U
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title VP
Name GREGORY, SEAN J
Address ATTN: ADMINISTRATION
1350 S HICKORY ST
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name EDDY, CATHY K
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT/CEO, DIRECTOR
Name JOHNSON, STEVEN P
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title SENIOR VP, ASSISTANT SECRETARY
Name MATHIAS, DAVID E
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN P. JOHNSON**PRESIDENT****03/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name STEELE, KEVIN B
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VICE CHAIR
Name FORD, CATHERINE A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HAGEN, DONALD F. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY
Name MCNEIGHT, RICHARD
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRESTWOOD, ALAN
Address 6450 US HIGHWAY 1
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Title DIRECTOR
Name RIDENOUR, JAMES
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, CHAIR
Name SHAW, JAMES C.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name GRIESE, EDWARD
Address 6450 US HIGHWAY 1
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Title VP
Name GETTINGS, DAVID S. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name DELONE, LORI
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name CAVALLUCCI, EUGENE S
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GATTO, PAMELA A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER
Name ISENMAN, MARTIN W. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name POTTER, WILLIAM C.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRUETT, KEVIN S.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name ROUB, BRYAN R.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title EXECUTIVE VP, COO
Name MITCHELL, JAMES S. III
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name JUST, PAULA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name RONALDSON, JAMES M. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name BRADLEY, CONSTANCE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955