

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name HEALTH FIRST NETWORK, INC.	DOCUMENT # H46903 (1)
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Mailing Address 125 W ROMANA STREET STE 800, FIRST FL BANK BLDG. PENSACOLA FL 32501	Principal Place of Business 125 W ROMANA STREET STE 800, FIRST FL BANK BLDG. PENSACOLA FL 32501
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1985	3a. Date of Last Report 03/01/94
4. FEI Number 59-2521606	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 ☐ \$138.75 ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Mailing Address 21 Suite, Apt. #, etc.	2a. Principal Place of Business 25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25 29 30	

9. Name and Address of Current Registered Agent HART, ROBERT D. 125 WEST ROMANA ST. SUITE 800, FIRST FLORIDA BANK BLDG. PENSACOLA FL 32573	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent Signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	1.2 NAME RICKETSON, GEORGE	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS 5190 BAYOU BLVD; #3	1.4 CITY-ST-ZIP PENSACOLA FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE D	2.2 NAME MURRAY, PATRICK	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS 5190 BAYOU BLVD; #7	2.4 CITY-ST-ZIP PENSACOLA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE D	3.2 NAME WILLIAMS, THOMAS	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS 1717 NORTH 'E' ST; #221	3.4 CITY-ST-ZIP PENSACOLA FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE D	4.2 NAME WHIBBS, WILLIAM	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS 6160 NORTH DAVIS HWY	4.4 CITY-ST-ZIP Pensacola FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE D	5.2 NAME BRADEN, FRED	5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS 1300 W. MORENO ST.	5.4 CITY-ST-ZIP PENSACOLA FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE D	6.2 NAME SHEARLOCK, KEITH T.	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS 1717 NORTH E ST.	6.4 CITY-ST-ZIP PENSACOLA FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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-05/17/95--01035--003
******225.00 ****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I, the Secretary of the Division of Corporations from any act of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KT Sh President **5/1/95** **90404948200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Phone Number

Additional Directors of Health First Network, Inc.

Irvin, Coy
4501 N. Davis Hwy; #1A
Pensacola, FL

Herron, Warren L.
1720 North "E" Street
Pensacola, FL

Goodman, Percy L.
14 W. Jordan Street
Pensacola, FL 32501

Zimmern, William
41-B Fairpoint Drive
Gulf Breeze, FL

Parker, G. Ronald
1717 North "E" Street
Pensacola, FL

1108 Airport Blvd.
Pensacola, FL 32504