FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H46903** **(1)**

1. Corporation Name
HEALTH FIRST NETWORK, INC.

Principal Place of Business	Mailing Address
125 W ROMANA STREET STE 800. FIRST FL BANK BLDG. PENSACOLA FL 32501	125 W ROMANA STREET STE 800. FIRST FL BANK BLDG. PENSACOLA FL 32501

3. Date Incorporated or Qualified: 03/12/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1108 Airport Blvd.
22 Suite, Apt. #, etc.
23 City & State: Pensacola, Fh
24 Zip: 32504 25 Country

2a. Mailing Address
26 1108 Airport Blvd.
27 Suite, Apt. #, etc.
28 City & State: Pensacola, Fh
29 Zip: 32504 30 Country

4. FEI Number: 59-2521606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RICKETSON, GEORGE		1.2 NAME	Cameron, Robert	
STREET ADDRESS	5190 BAYOU BLVD; #3		1.3 STREET ADDRESS	4541 N. Davis Hwy; #6	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MURRAY, PATRICK		2.2 NAME	Herron, Warren	
STREET ADDRESS	5190 BAYOU BLVD #7		2.3 STREET ADDRESS	1720 North E Street	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, THOMAS		3.2 NAME	Goodman, Percy	
STREET ADDRESS	1717 NORTH "E" ST; #221		3.3 STREET ADDRESS	14 W. Jordan Street	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WHIBBS, WILLIAM		4.2 NAME	Irvin, E. Coy	
STREET ADDRESS	6160 NORTH DAVIS HWY		4.3 STREET ADDRESS	4501 N. Davis Hwy; #A	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRADEN, FRED		5.2 NAME	Zimmern, William	
STREET ADDRESS	1300 W. MORENO ST.		5.3 STREET ADDRESS	41-B Fairpoint Drive	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SHEARLOCK, KEITH T.		6.2 NAME	McLeod, Paul	
STREET ADDRESS	1717 NORTH E ST.		6.3 STREET ADDRESS	1613 Berryhill Road	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	Milton, FL 32570	

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 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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith T. Shearlock,MD 4-26-96 904-484-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)