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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
~~1108 AIRPORT BLVD.~~ PENSACOLA FL ~~32504~~ US	~~1108 AIRPORT BLVD.~~ PENSACOLA FL 32504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1985

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21	26	59-2521606
Suite, Apt. #, etc.: 22 5020 Commerce Pk Circle	Suite, Apt. #, etc.: 27 5020 Commerce Pk Circle	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: 23 Pensacola FL	City & State: 28 Pensacola FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip: 24 32505 Country: 25 USA	Zip: 29 32505 Country: 30 ~~USA~~ USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, G. RONALD ~~1108 AIRPORT BLVD.~~ PENSACOLA FL 32504	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5020 Commerce Park Circle 83 84 City: Pensacola FL 85 Zip Code: FL

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: [signature] 3/27/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRON, WARREN 1720 NORTH E STREET PENSACOLA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SHEARLOCK, KEITH 1717 NORTH "E" STREET #403 PENSACOLA, FLORIDA 32501 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~TAN, THOMAS~~ TAN, THOMAS 1717 NORTH E STREET, #231 PENSACOLA FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CAMERON, ROBERT 4541 NORTH DAVIS HWY #6 PENSACOLA, FLORIDA 32503 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRVIN, E C 4501 NORTH DAVIS HWY, #A PENSACOLA FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMMERN, WILLIAM 2896 GULF BREEZE PKWY GULF BREEZE FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MCLEOD, PAUL~~ MCLEOD, PAUL 1613 BERRYHILL ROAD MILTON FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMPONE, THOMAS 1717 N E STREET, 208 PENSACOLA FL ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Ronald Parker CEO 3/27/98 850-484-8200