DOCUMENT # **H46903**

Entity Name

HEALTH FIF	RST NETWORK, INC.				
Principal Place of Business 5020 COMMERCE PK CIRCLE PENSACOLA FL 32505 US 2. Principal Place of Business		Mailing Address 5020 COMMERCE PK CIRCLE PENSACOLA FL 32505 US			
		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

|--|

DO NOT WRITE IN THIS SPACE

59-252 1606

Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PARKER, G. RONALD

5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

City 5. Certificate of Status Desired 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

8. 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.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

Aft.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ★ Addition HERRON, WARREN NAME NAME Dabēzies, BE. Jean 1720 NORTH E STREET STREET ADDRESS STREET ADDRESS 4541 North Davis Hwy. #A PENSACOLA FL 32501 CITY-ST-7IP CITY-ST-7IP Pensacola, FL. 32503 Change **X** Addition TITLE Delete TITLE TURNER, DAVID MD NAME NAME Fleischhauer;sFranklin .5120 BAYOU BLVD #1-STREET ADDRESS STREET ADDRESS 5147-North-9th~Ave. CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP Pensacola, FL 32504 TITLE ☐ Delete TITLE Change X Addition IRVIN, E C NAME NAME Murray, Patrick 4501 NORTH DAVIS HWY, #A STREET ADDRESS STREET ADDRESS 5190 Bayou Blvd. Bldg. 7 CITY-\$T-ZIP PENSACOLA FL 32503 CITY-ST-ZIP <u>Pensacola, FL 32503</u> TITLE Delete TITLE ☐ Change Addition ZIMMERN, WILLIAM NAME NAME Thigpen, R. Lee 2896 GULF BREEZE PKWY STREET ADDRESS STREET ADDRESS 129 Redstone Ave. **GULF BREEZE FL 32561** CITY-ST-ZIP CITY-ST-ZIP Crestview, FL 32539 TITLE ☐ Delete TITLE ☐ Change **X** Addition MCLEOD, PAUL NAME Tan, Thomas 5020 COMMERCE PARK CIRCLE STREET ADDRESS STREET ADDRESS 1717 North 'E' St. #231 CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP Pensacola, FL 32501 ☐ Delete TITLE ☐ Change Addition CAMERON, ROBERT MD NAME Willis, Wayne 4541 N DAVIS HWY #A STREET ADDRESS STREET ADDRESS 915 East Fairfield Dr. CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP Pensacola, FL 32503

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00

CUMENT # H	146903	•		AHachment A0033843	
ALTH FIRST NETWOR	RK, INC				
MMERCE PK CIRCLE OLA FL 32505	,	Mailing Address 5020 COMMERCE PK CIRCL PENSACOLA FL 32505 US	E		· ·
· Place of Business		3. Mailing Address	•		P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ot #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPA	ACE
state		City & State		4. FEI Number 59-2521606	Applied For
Coun	ntry	Zip	Country		3.75 Additional ==
6. Name and Ad	Idress of Current Re	egistered Agent		7. Name and Address of New Registered Ag	ent
PARKER, G. RONALD 5020 COMMERCE PAR	V CIDOLE		Name Street Addre	ess (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32505					
			City	F1	Zip Code
	ts this statement for the	he purpose of changing its	registered office or regi	FL istered agent, or both, in the State of Florida.	2.0000
r Ife. c	name of registered agent and	attille if applicable. (NOTI	registered office or registered Agent signature rec [[[4]] FEE (S)\$150.007 [[5]] Fee; will be \$550.007 [[6]] To Department of	guired when reinstating) DATE 10. Election Campaign Financing	\$5.00 May Ba
Superior, typed or printed TOO ration is oligible to s to a requirement and elec-	name of registered agent and	Hitle if applicable. (NOT) ATILE NOW. ATION MAY 1, 20 Make Check Rayal RECTORS	E: Registered Agent signature rec	adjusted agent, or both, in the State of Florida. DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Bound Added to Fees
ाहरू Superiore, typed or printed प्रकारकारका के aligible to s	name of registered agent and attisfy its Intangible cts to do so.	Hitle if applicable. (NOT) FILE NOW. After MAY 21, 20 Make Check Payal	E: Registered Agent signature rec	audired when reinstating) 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND D hibbs, William 21 East Nine Mile Rd.	\$5.00 May B Added to Fees
Superior, reped or printed	name of registered agent and attisfy its Intangible cts to do so.	Hitle if applicable. (NOT) ATILE NOW. ATION MAY 1, 20 Make Check Rayal RECTORS	E: Registered Agent signature rec	istered agent, or both, in the State of Florida. quired when reinstating) 10. Election Campaign Financing 00. State ADDITIONS/CHANGES TO OFFICERS AND D hibbs, William 21 East Nine Mile Rd. ensacola, FL 32514	\$5.00 May Bound Added to Fees
Supplies, sped or printed supplies to supplies and electrical and back)	name of registered agent and attisfy its Intangible cts to do so.	ATHE II applicable. (NOTI	E: Registered Agent signature received in the control of the contr	quired when reinstating) 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND D hibbs, William 21 East Nine Mile Rd. ensacola, FL 32514	\$5.00 May Br Added to Fees DIRECTORS IN 11 Change T Add
Supplies, sped or printed supplies to supplies and electrical and back)	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND D	FILE NOW A TELL NOW B	E: Registered Agent signature recommend of the commendation of the	quired when reinstating) 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND D hibbs, William 21 East Nine Mile Rd. ensacola, FL 32514	\$5.00 May Br Added to Fees DIRECTORS IN 11 Change Added Change Added
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Signature, typed or printed Treviration is aligible to s Trequirement and electronic on back)	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND D	Atter Mays 1, 22 Make Check Pays RECTORS Delete Delete	E: Registered Agent signature reconstruction of the control of the	autred agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND D hibbs, William 21 East Nine Mile Rd. ensacola, FL 32514	\$5.00 May Ba Added to Fees DIRECTORS IN 11 Change Added Change Added Change Added

territy that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information on this report or supplemental 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 cheatral possible or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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