

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90078 008 ***150.00

DOCUMENT # H46903

1. Entity Name

HEALTH FIRST NETWORK, INC.

Principal Place of Business

**5020 COMMERCE PK CIRCLE
 PENSACOLA FL 32505
 US**

Mailing Address

**5020 COMMERCE PK CIRCLE
 PENSACOLA FL 32505
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2521606**

Applied For

Not Applicable

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**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **HERRON, WARREN**
 STREET ADDRESS **1720 NORTH E STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dabiezies, E. Jean**
 STREET ADDRESS **4541 North Davis Hwy. #A**
 CITY-ST-ZIP **Pensacola, FL. 32503**

TITLE **D** ☐ Delete
 NAME **TURNER, DAVID MD**
 STREET ADDRESS **5120 BAYOU BLVD. #1**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Change ☒ Addition
 NAME **Fleischhauer, Franklin**
 STREET ADDRESS **5147 North 9th Ave. #401**
 CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **D** ☐ Delete
 NAME **IRVIN, E C**
 STREET ADDRESS **4501 NORTH DAVIS HWY, #A**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Change ☒ Addition
 NAME **Murray, Patrick**
 STREET ADDRESS **5190 Bayou Blvd. Bldg. 7**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D** ☐ Delete
 NAME **ZIMMERN, WILLIAM**
 STREET ADDRESS **2896 GULF BREEZE PKWY**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Change ☒ Addition
 NAME **Thigpen, R. Lee**
 STREET ADDRESS **129 Redstone Ave.**
 CITY-ST-ZIP **Crestview, FL 32539**

TITLE **D** ☐ Delete
 NAME **MCLEOD, PAUL**
 STREET ADDRESS **5020 COMMERCE PARK CIRCLE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tan, Thomas**
 STREET ADDRESS **1717 North 'E' St. #231**
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D** ☐ Delete
 NAME **CAMERON, ROBERT MD**
 STREET ADDRESS **4541 N DAVIS HWY #A**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Change ☒ Addition
 NAME **Willis, Wayne**
 STREET ADDRESS **915 East Fairfield Dr.**
 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)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
A0033843

0032984

DOCUMENT # H46903

HEALTH FIRST NETWORK, INC.

Place of Business
5020 COMMERCE PK CIRCLE
PENSACOLA FL 32505
US

Mailing Address
5020 COMMERCE PK CIRCLE
PENSACOLA FL 32505
US



DO NOT WRITE IN THIS SPACE

1. Place of Business	3. Mailing Address
City, St., etc.	Suite, Apt. #, etc.
State	City & State
Country	Zip
Country	Country

4. FEI Number	59-2521606	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

FILE NOW!!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Whibbs, William 321 East Nine Mile Rd. Pensacola, FL 32514
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

I verify 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 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 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