2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005
Secretary of State

DOCUMENT# H46903

Entity Name: HEALTH FIRST NETWORK, INC.

Current Principal Place of Business:

5020 COMMERCE PK CIRCLE
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

5020 COMMERCE PK CIRCLE
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-2521606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERR, ROBIN
5020 COMMERCE PARK CIRCLE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HODNETTE, BROOKS F JR. MD
Address: 1717 NORTH 'E' ST., #434
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: FLEISCHHAUER, FRANKLIN
Address: 5147 N 9TH AVE #401
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: MURRAY, PATRICK
Address: 5190 BAYOU BLVD #7
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: THIGPEN, R LEE
Address: 550 REDSTONE AVE SUITE 200
City-St-Zip: CRESTVIEW, FL 32536

Title: VC ( ) Delete
Name: TAN, THOMAS
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: WILLIS, WAYNE
Address: 915 E FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition
Name: HERRON, WARREN
Address: 1720 N E STREET
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BREWER ED 06/10/2005

Electronic Signature of Signing Officer or Director Date