2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46903

Entity Name: HEALTH FIRST NETWORK, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5020 COMMERCE PK CIRCLE PENSACOLA, FL 32505 US				5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505 US			
Current Mailing Address:				New Mailing Address:			
5020 COMMERCE PK CIRCLE PENSACOLA, FL 32505 US			5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505 US				
FEI Number:	59-2521606	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of	f Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
HERR, ROBIN 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505 US							
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.							
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VC () E HERRON, WARR 1720 N E STREE PENSACOLA, FL	т		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	D ()[FLEISCHHAUER 5147 N 9TH AVE PENSACOLA, FL	#401		Title: Name: Address: City-St-Zip:	C (X) ZIMMERN, WILL 2896 GULF BRE GULF BREEZE,	EZE PKWY	ddition
Title: Name: Address: City-St-Zip:	S ()[MURRAY, PATRI 5190 BAYOU BL' PENSACOLA, FL	√D #7		Title: Name: Address: City-St-Zip:	S/T (X) MURRAY, PATR 5190 BAYOU BL PENSACOLA, F	.VD #7	ddition
Title: Name: Address: City-St-Zip:	D ()[THIGPEN, R LEI 550 REDSTONE CRESTVIEW, FL	AVE SUITE 200		Title: Name: Address: City-St-Zip:	CEO (X) HERR, ROBIN 5020 COMMERO PENSACOLA, F		
Title: Name: Address: City-St-Zip:	VC ()[TAN, THOMAS 1717 N PENSACOLA, FL	Delete 32501		Title: Name: Address: City-St-Zip:	VC (X) TAN, THOMAS 1717 N E STREI PENSACOLA, F		ddition
Title: Name: Address: City-St-Zip:	D ()[WILLIS, WAYNE 915 E FAIRFIELI PENSACOLA, FL	D DR		Title: Name: Address: City-St-Zip:	()	Change()A	ddition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBIN HERR CEO 04/20/2006