

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46903

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEALTH FIRST NETWORK, INC.

Current Principal Place of Business:

715 SOUTH PALAFOX
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

715 SOUTH PALAFOX
PENSACOLA, FL 32502 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
715 SOUTH PALAFOX
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

BREWER, CHARLES
715 SOUTH PALAFOX
PENSACOLA, FL 32502 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.

SIGNATURE: CHARLES BREWER

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: HERRON, WARREN
Address: 1717 N E STREET
City-St-Zip: PENSACOLA, FL 32501

Title: C () Delete
Name: ZIMMERN, WILLIAM
Address: 2896 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: S/T () Delete
Name: SNOW, KAREN
Address: 1921 E. NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: CEO () Delete
Name: HERR, ROBIN
Address: 5020 COMMERCE PARK CIRCLE
City-St-Zip: PENSACOLA, FL 32505

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PRES (X) Change () Addition
Name: BREWER, CHARLES
Address: 715 S. PALAFOX
City-St-Zip: PENSACOLA, FL 32502

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES BREWER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date