2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# H46903

Entity Name: HEALTH FIRST NETWORK, INC.

Current Principal Place of Business:

715 SOUTH PALAFOX
PENSACOLA, FL 32502 US

New Principal Place of Business:

705 SOUTH PALAFOX
PENSACOLA, FL 32502 US

Current Mailing Address:

715 SOUTH PALAFOX
PENSACOLA, FL 32502 US

New Mailing Address:

705 SOUTH PALAFOX
PENSACOLA, FL 32502 US

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

Name and Address of Current Registered Agent:

BREWER, CHARLES
715 SOUTH PALAFOX
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

BREWER, CHARLES
705 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: _____ 04/18/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: CEO
Name: BREWER, CHARLES
Address: 705 S. PALAFOX
City-St-Zip: PENSACOLA, FL 32502

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BREWER CEO 04/18/2011
Electronic Signature of Signing Officer or Director — Date