


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000003610 (1)
 1. Corporation Name
HEALTH FIRST, INC.



Principal Place of Business 8249 DEVEREUX DR. SUITE 103 MELBOURNE FL 32940 US	Mailing Address 8249 DEVEREUX DR. SUITE 103 MELBOURNE FL 32940 US
---	---

3. Date Incorporated or Qualified 07/31/1995
4. FEI Number 59-3336894
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 8249 Devereux Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 8249 Devereux Drive Suite, Apt. #, etc. 27
City & State 23 Melbourne, FL Zip 24 32940-7955	Country 25 Brevard City & State 28 Melbourne, FL Zip 29 32940-7955 Country 30 Brevard

9. Name and Address of Current Registered Agent
DAVID E. MATHIAS
8249 DEVEREUX DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PELLEGRINO, NICHOLAS E.	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GARRISON, LARRY F	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEANS, MICHAEL D	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KETCHAM, RODNEY S.	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GATTO, MICHAEL V.	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MAGUIRE, MICHAEL	
STREET ADDRESS	8249 DEVEREUX DR.	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Melbourne, FL 32940
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Melbourne, FL 32940
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Melbourne, FL 32940
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Melbourne, FL 32940
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Melbourne, FL 32940
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Melbourne, FL 32940

14. 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 annual report or Supplemental Annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michael D Means* President 3/20/98 [407] 752-4355

CR2E037 (10/97)