

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90346 001 *1,451.25

DOCUMENT # N95000003610

1. Entity Name

HEALTH FIRST, INC.

Principal Place of Business

**8249 DEVEREUX DRIVE
 MELBOURNE FL 32940-7955
 US**

Mailing Address

**8249 DEVEREUX DRIVE
 MELBOURNE FL 32940-7955
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3336894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID E. MATHIAS
 8249 DEVEREUX DR.
 MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PELEGRINO, NICHOLAS E. 8249 DEVEREUX DR. MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRISON, LARRY F 8249 DEVEREUX DR. MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEANS, MICHAEL D 8249 DEVEREUX DR. MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISCHER, RUSSELL E 8249 DEVEREUX DR. MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GATTO, MICHAEL V. 8249 DEVEREUX DR. MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRENNAN, WILLIAM T 8249 DEVEREUX DRIVE MELBOURNE FL 32940	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D Means
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

321 - 434-4300

Date

Daytime Phone #

CR2E037 (9/01)