


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90025 010 \*\*\*\*61.25

<b>DOCUMENT # N95000003610</b>					
1. Entity Name HEALTH FIRST, INC.					
Principal Place of Business 6450 US HWY 1 ROCKLEDGE, FL 32955 US		Mailing Address 6450 US HWY 1 ROCKLEDGE, FL 32955 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02192004 Chg-NP CR2E037 (10/03)	
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVID E. MATHIAS 6450 US HWY 1 ROCKLEDGE, FL 32955			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINO, NICHOLAS E.		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, LARRY F		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, MICHAEL D		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, RUSSELL E		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTO, MICHAEL V.		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, WILLIAM T		NAME		
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
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: <i>David E. Mathias</i>		David E. Mathias		4/02/04 321/434-4355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Vice President		Date Daytime Phone #	

Attachment

24049291  
 #N 9500003610

HEALTH FIRST, INC.  
 2004 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>BUSSEN, BRIAN J.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>HENRY, ALLEN S.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	<b>TD</b> [x] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>HOLLINGSWORTH, A. THOMAS</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>JONES, MARVIN L.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>KETCHAM, RODNEY S.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>MAGUIRE, MICHAEL F.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>STORMS, ELTING L.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition
Title Name Street Address City - ST - Zip	<b>D</b> [ ] Delete <b>WAGAMAN, REBECCA A.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	Title Name Street Address City - ST - Zip	[ ] Change [ ] Addition

Attachment

2404929 /  
# N9500003616

HEALTH FIRST, INC. 2004 UNIFORM BUSINESS REPORT			
10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name	<b>VP</b> [ ] Delete <b>GALLOWAY, ROBERT C.</b>	Title Name	<b>VP</b> [ ] Change [x] Addition <b>PALERMO, JAMES V.</b>
Street Address	6450 U.S. HWY #1	Street Address	6450 U.S. HWY #1
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	ROCKLEDGE, FL 32955
Title Name	<b>VP</b> [ ] Delete <b>SENNE, JERRY</b>	Title Name	<b>VP</b> [ ] Change [x] Addition <b>ROGERS, RICHARD J.</b>
Street Address	6450 U.S. HWY #1	Street Address	6450 U.S. HWY #1
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	ROCKLEDGE, FL 32955
Title Name	<b>VP</b> [ ] Delete <b>KENNEDY, CHRISTOPHER S.</b>	Title Name	[ ] Change [ ] Addition
Street Address	6450 U.S. HWY #1	Street Address	
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	
Title Name	<b>VP</b> [ ] Delete <b>MATHIAS, DAVID E.</b>	Title Name	[ ] Change [ ] Addition
Street Address	6450 U.S. HWY #1	Street Address	
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	
Title Name	<b>VP</b> [ ] Delete <b>ROGERS, RICHARD J.</b>	Title Name	[ ] Change [ ] Addition
Street Address	6450 U.S. HWY #1	Street Address	
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	
Title Name	<b>VP</b> [ ] Delete <b>SCHUNEMAN, GAIL H.</b>	Title Name	[ ] Change [ ] Addition
Street Address	6450 U.S. HWY #1	Street Address	
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	
Title Name	<b>VP</b> [ ] Delete <b>SUTTLES, ROBERT W.</b>	Title Name	[ ] Change [ ] Addition
Street Address	6450 U.S. HWY #1	Street Address	
City - ST - Zip	ROCKLEDGE, FL 32955	City - ST - Zip	
Title Name	[ ] Delete	Title Name	[ ] Change [ ] Addition
Street Address		Street Address	
City - ST - Zip		City - ST - Zip	