

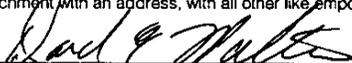
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90239 007 \*\*\*\*61.25

14000734



<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		4. FEI Number 59-3336894	
				Applied For 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELEGRINO, NICHOLAS E.		NAME	FORD, CATHERINE	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRISON, LARRY F		NAME	BUSSEN, BRIAN J.	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEANS, MICHAEL D		NAME	HENRY, ALLEN S.	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, RUSSELL E		NAME	HOLLINGSWORTH, A. THOMAS	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATTO, MICHAEL V.		NAME	KETCHAM, RODNEY S.	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, WILLIAM T		NAME	MAGUIRE, MICHAEL F.	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HWY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
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: 		David E. Mathias		4/22/05 321-434-4355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

DOCUMENT # N95000003610  
HEALTH FIRST, INC.

ATTACHMENT  
14008794

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	ADDITION
NAME	STORMS, ELTING L.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	GALLOWAY, ROBERT C.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	SENNE, JERRY	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	KENNEDY, CHRISTOPHER S.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP/AS	ADDITION
NAME	MATHIAS, DAVID E.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	PALERMO, JAMES V.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	ROGERS, RICHARD J.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	SCHUNEMAN, GAIL H.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	SUTTLES, ROBERT W.	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	WRIGHT, R. ROY	
STREET ADDRESS	6450 US HWY 1	
CITY - ST - ZIP	ROCKLEDGE, FL 32955	