


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 040 ****61.25

60002861

DOCUMENT # N95000003610			
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
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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	CD PELLEGRINO, NICHOLAS E. 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRISON, LARRY F 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEANS, MICHAEL D 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISCHER, RUSSELL E 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTO, MICHAEL V. 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRENNAN, WILLIAM T 6450 US HWY 1 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, VP 1/4/06 321/434-4355	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

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HEALTH FIRST, INC.
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TITLE	D	ADDITION
NAME	BUSSEN, BRIAN	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DT	ADDITION
NAME	HENRY, ALLEN S.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	HOLLINGSWORTH, A. THOMAS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	FORD, CATHERINE	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	GALLOWAY, ROBERT C.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	SENNE, JERRY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	KENNEDY, CHRISTOPHER S.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPSD	ADDITION
NAME	MATHIAS, DAVID E.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	PALERMO, JAMES V., M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	ROGERS, RICHARD J.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	SCHUNEMAN, GAIL H.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	SUTTLES, ROBERT W.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	ADDITION
NAME	WRIGHT, R. ROY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	