


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90175 033 ****61.25

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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 - No P.O. Box #			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, 2007		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINO, NICHOLAS E.		NAME	NICHOLAS E PELLEGRINO	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 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	BRIAN J BUSSEN	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEANS, MICHAEL D		NAME	JAMES E CARTER MD	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, RUSSELL E		NAME	RUSSELL E FISCHER	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATTO, MICHAEL V.		NAME	EUGENE S CAVALUCCI	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, WILLIAM T		NAME	WILLIAM T BRENNAN	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	6450 US HIGHWAY 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 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 Secretary 4/4/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date (321)434-4355	

ATTACHMENT
40059942

TITLE	D	ADDITION
NAME	HARRY L. DEFFEBACH, PH.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	CATHERINE A. FORD	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	PAMELA A. GATTO	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	JUDITH A. GEORGE	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	DS	ADDITION
NAME	ALLEN S. HENRY, PH.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	TONY HERNANDEZ, III	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	A. THOMAS HOLLINGSWORTH, PH.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	MARTIN W. ISENMAN, M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	GEORGE LEWIS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	WILLIAM C. POTTER	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	KEVIN PRUETT	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	DT	ADDITION
NAME	JAMES C. SHAW	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	ADDITION
NAME	JEFFREY STALNAKER, M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

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TITLE	D	ADDITION
NAME	KEVIN STEELE	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SVP	ADDITION
NAME	ROBERT C. GALLOWAY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SVP	ADDITION
NAME	JERRY SENNE	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VPAS	ADDITION
NAME	CHRISTOPHER S. KENNEDY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	DAVID E. MATHIAS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	JAMES V. PALERMO, M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	RICHARD J. ROGERS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	GAIL H. SCHUNEMAN	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	ROBERT W. SUTTLES	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VP	ADDITION
NAME	R. ROY WRIGHT	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	