

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003610

Entity Name: HEALTH FIRST SHARED SERVICES, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: 59-3336894

Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W ESQ
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FILED
Jan 19, 2023
Secretary of State
1272219168CC

VOID

000406703170

Certificate of Status Desired: No

See 1-30-23 Statement of Fact

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MIKUEN, SCOTT T
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name RECTOR, DREW A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GURRI, JOSEPH M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER
Name KILBORNE, DANA S.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT, DIRECTOR
Name JOHNSON, STEVEN P
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRESTWOOD, ALAN
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY
Name HENRY, ROBERT K
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name SCIALDONE, MICHAEL A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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Officer/Director Detail Continued :

Title DIRECTOR
Name HAFFNER, RANDALL L
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DAVIS, R DUANE
Address 2415 NORTH ORANGE AVENUE
SUITE 700
City-State-Zip: ORLANDO FL 32804

Title D,VC
Name SHAW, JAMES C.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title AS
Name ROMANELLO, NICHOLAS W.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name ISENMAN, MARTIN W
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GATTO, PAMELA A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name BANKS, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name GOODMAN, TODD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name JUST, PAULA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, CHAIRMAN
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name STEELE, KEVIN B
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955