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

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:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

DIRECTOR Title PRESIDENT, DIRECTOR Title JOHNSON, STEVEN P Name MIKUEN, SCOTT T Name Address 6450 US HIGHWAY 1 6450 US HIGHWAY 1 Address ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip: City-State-Zip: DIRECTOR Title Title VΡ PRESTWOOD, ALAN Name

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

Title DIRECTOR, SECRETARY Title DIRECTOR Name

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

ROCKLEDGE FL 32955 City-State-Zip:

DIRECTOR, TREASURER Title SCIALDONE, MICHAEL A Name Name KILBORNE, DANA S. Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1

ROCKLEDGE FL 32955 City-State-Zip: City-State-Zip: ROCKLEDGE FL 32955

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 Stalutes, and that my name appears above, or on an attachment with all other like empowered.

Officer/Director Detail Continued:

DIRECTOR Title

Address

Name HAFFNER, RANDALL L

900 HOPE WAY City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR

Name DAVIS, R DUANE

2415 NORTH ORANGE AVENUE Address

SUITE 700

City-State-Zip: ORLANDO FL 32804

Title D,VC

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

Title

ROMANELLO, NICHOLAS W. Name

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

GATTO, PAMELA A Name 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

ALTAMONTE SPRINGS FL 32714 City-State-Zip:

Title VΡ

JUST, PAULA Name

Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 City-State-Zip:

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