

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91439 033 \*\*\*\*61.25

**DOCUMENT # N95000003610**



1. Entity Name  
**HEALTH FIRST, INC.**

Principal Place of Business      Mailing Address  
**8249 DEVEREUX DRIVE**      **8249 DEVEREUX DRIVE**  
**MELBOURNE FL 32940-7955**      **MELBOURNE FL 32940-7955**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**6450 U.S. Hwy #1**      **6450 U.S. Hwy #1**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Rockledge, FL**      **Rockledge, FL**

Zip      Country      Zip      Country  
**32955**      **USA**      **32955**      **USA**

4. FEI Number **59-3336894**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DAVID E. MATHIAS**  
**8249 DEVEREUX DR.**  
**MELBOURNE FL 32940**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6450 U.S. Hwy #1**  
City      State      Zip Code  
**Rockledge**      **FL**      **32955**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>PELLEGRINO, NICHOLAS E.</b>	
STREET ADDRESS	<b>8249 DEVEREUX DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>GARRISON, LARRY F</b>	
STREET ADDRESS	<b>8249 DEVEREUX DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MEANS, MICHAEL D</b>	
STREET ADDRESS	<b>8249 DEVEREUX DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, RUSSELL E</b>	
STREET ADDRESS	<b>8249 DEVEREUX DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>GATTO, MICHAEL V.</b>	
STREET ADDRESS	<b>8249 DEVEREUX DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BRENNAN, WILLIAM T</b>	
STREET ADDRESS	<b>8249 DEVEREUX DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. HWY #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. HWY #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. HWY #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. HWY #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. HWY #1</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	

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*

4/22/03      321 - 434-4355

CR2E037 (10/02)

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N/950000036010

HEALTH FIRST, INC.  
2003 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BUSSEN, BRIAN J.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HENRY, ALLEN S.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HOLLINGSWORTH, A. THOMAS</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JONES, MARVIN L.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KETCHAM, RODNEY S.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MAGUIRE, MICHAEL F.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STORMS, ELTING L.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WAGAMAN, REBECCA A.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955

attachment

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Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GALLOWAY, ROBERT C.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SENNE, JERRY</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KENNEDY, CHRISTOPHER S.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MATHIAS, DAVID E.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROGERS, RICHARD J.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCHUNEMAN, GAIL H.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SUTTLES, ROBERT W.</b> 6450 U.S. HWY #1 ROCKLEDGE, FL 32955
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition