2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # N98000004205 1. Entity Name 05-03-2001 90481 001 *1,540.00 HEALTH FIRST FOUNDATION, INC. Principal Place of Business Mailing Address 8249 DEVEREUX DR. 8249 DEVEREUX DRIVE (U 1 U (MELBOURNE FL 32940-7955 MELBOURNE FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3528774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MATHIAS, DAVID E 8249 DEVEREUX DR. **MELBOURNE FL 32940** Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution, Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete X Addition TITLE TITLE Garrison, Larry F MAGUIRE, MICHAEL NAME NAME 8249 Devereux Dr STREET ADDRESS 8249 DEVEREUX DRIVE STREET ADDRESS CITY-ST-ZIP Melbourne, FL 32940 CITY-ST-ZIP MELBOURNE FL 32940 PD Delete TITLE ☐ Change **X**Addition TITLE Henry, Allen S BUNKER, STEPHEN P NAME NAME 8249 Devereux Dr STREET ADDRESS 1350 SOUTH HICKORY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Melbourne FL 32940 MELBOURNE FL 32901 VPD Change ☐ Addition ☐ Delete TITLE PRICE, CARROLL D II NAME NAME STREET ADDRESS 1350 SOUTH HICKORY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete Change ☐ Addition MEANS, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 8249 DEVEREUX DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

Larry C.N. Garrison. PZQUIRE

CITY-ST-ZIP

321/434-4300