2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90025 011 ****61.25

DOCUMENT # N98000004205

1. Entity Name
HEALTH FIRST FOUNDATION, INC.

Principal Place of Business	Mailing Address
6450 US #1 ROCKLEDGE, FL 32955	6450 US #1 ROCKLEDGE, FL 32955

02192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3528774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHIAS, DAVID E 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCCARTHY, EUGENE B 6450 US HWY. #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD KIRSCHENBAUM, MALCOLM R 6450 US HWY. #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRANDON, WENDY S 6450 US. HWY. #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BJERNING, EUGENE K 6450 US HWY. #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIDDIX, PATRICK T. 6450 U.S. Hwy #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENYHART, TIBOR 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ✓ _____ Larry F. Garrison, Director 4/15/04 321/434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

24049290

#N98000004205

HEALTH FIRST FOUNDATION, INC.
2004 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**DETTMER, DALE A.**	Name	**CODDINGTON, CARL D., JR.**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**FOSTER, EVELYN**	Name	**FARMER, JEANNE**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**GARRISON, LARRY F.**	Name	**GATTO, PAMELA A.**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**MEANS, MICHAEL D.**	Name	**MANDEL, ROBERT J.**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**MORIARTY, EDWARD L.**	Name	**PRUITT, PATRICIA**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	D [ ] Delete	Title	D [ ] Change [x] Addition
Name	**STORMS, ELTING L.**	Name	**THEISEN, RICHARD A.**
Street Address	6450 U.S. Hwy #1	Street Address	6450 U.S. Hwy #1
City – ST – Zip	Rockledge, FL 32955	City – ST – Zip	Rockledge, FL 32955
Title	[ ] Delete	Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City – ST – Zip		City – ST – Zip	
Title	[ ] Delete	Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City – ST – Zip		City – ST – Zip	
Title	[ ] Delete	Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City – ST – Zip		City – ST – Zip	
Title	[ ] Delete	Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City – ST – Zip		City – ST – Zip	