Apr 28, 2003 8:00 am \$ Secretary of State

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

DOCUMENT # N98000004205 1. Entity Name

HEALTH FIRST FOU	JNDAHON, II	VC.
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Principal Place of Business

8249 DEVEREUX DR.

MELBOURNE FL

Country

Mailing Address

8249 DEVEREUX DRIVE MELBOURNE FL 32940-7955

32955

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6450 U.S. Hwy #1 6450 U.S. Hwy #1 City & State City & State Rockledge, FL Rockledge,

04-28-2003 91439 028 ****61.25

M CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3528774 Applied For Not Applicable Country \$8.75 Additional ≈5.=Certificate of:Status Desired ===- 🖃 ~=US

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

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

Street Address (P.O. Box Number is Not Acceptable)

6450 U.S. Hwy #1

Rockledge

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.

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

'(NOTE: Registered Agent signature required when reinstating)

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

DATE

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD Addition ☐ Delete TITI F TITLE X Change MCCARTHY, EUGENE B NAME NAME 6450 U.S. Hwy #1 STREET ADDRESS **8249 DEVEREUX DRIVE** STREET ADDRESS Rockledge, FL 32955 CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32940** Addition TITLE ☐ Delete TITLE X Change KIRSCHENBAUM, MALCOLM R NAME NAME 6450 U.S. Hwy #1 **8249 DEVEREUX DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** Rockledge, FL 32955 Delete Addition TITLE TITLE ☐ Change PRICE, CARROLL D II NAME NAME STREET ADDRESS 1350 SOUTH HICKORY STREET STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32901** CITY-ST-ZIP TITI F X Change TITLE ☐ Delete ☐ Addition BRANDON, WENDY S NAME NAME 6450 U.S. Hwy #1 8249 DEVEREUX DRIVE STREET ADDRESS STREET ADDRESS Rockledge, FL 32955 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 TITLE ☐ Delete TITLE Change Addition BJERNING, EUGENE K NAME NAME 6450 U.S. Hwy #1 STREET ADDRESS 8249 DEVEREUX DRIVE STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP Rockledge, FL TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 eport 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 frust employee 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 with all other like empowered,

SIGNATURE:

REQUIRED

4/22/03

[321]

434-4355

Attachment - 70050516
N98000004205

HEALTH FIRST FOUNDATION, INC. 2003 UNIFORM BUSINESS REPORT

10. Officers	and Directors [continued]	11. Additions/Ch	nanges to Officers and Directors [continued]
Title	[] Delete	Title	D [] Change [x] Addition
Name	.* -	Name	BIDDIX, PATRICK T.
Street Address		Street-Address	-6450-U:S-Hwy:#1
City - ST - Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name		Name	DETTMER, DALE A.
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name		Name	FOSTER, EVELYN .
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name	• •	Name	GARRISON, LARRY F.
Street Address	P	Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name	• •	Name	MEANS, MICHAEL D.
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name	· • •	Name	MENYHART, TIBOR
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name		Name	MORIARTY, EDWARD L.
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		City - ST - Zip	Rockledge, FL 32955
Title	[] Delete	Title	D [] Change [x] Addition
Name		Name	STORMS, ELTING L.
Street Address		Street Address	6450 U.S. Hwy #1
City – ST – Zip		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	