

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020298

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HEALTH FIRST HOLDING CORP.

## Current Principal Place of Business:

6450 US HWY #1  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

## Current Mailing Address:

6450 US HWY #1  
ROCKLEDGE, FL 32955

## New Mailing Address:

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

FEI Number: 59-3509709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHIAS, DAVID E  
6450 US HWY #1  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

MATHIAS, DAVID E  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US

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: DAVIDE. MATHIAS

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MEANS, MICHAEL D  
Address: 6450 US HWY #1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD ( ) Delete  
Name: GARRISON, LARRY F  
Address: 6450 US HWY #1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: PELLEGRINO, NICHOLAS E  
Address: 6450 US HWY #1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DC ( ) Delete  
Name: HOLLINGSWORTH, THOMAS  
Address: 6450 US HWY #1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DST (X) Delete  
Name: FORD, CATHERINE A  
Address: 6450 US HWY 1  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEANS, MICHAEL D  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD (X) Change ( ) Addition  
Name: GARRISON, LARRY F  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD (X) Change ( ) Addition  
Name: HOLLINGSWORTH, ABNER T  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DST (X) Change ( ) Addition  
Name: FORD, CATHERINE A  
Address: 6450 US HIGHWAY 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY F. GARRISON

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date