

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743945

Entity Name: HOSPICE OF HEALTH FIRST, INC.**Current Principal Place of Business:**1131 W. NEW HAVEN AVENUE
SUITE 102
WEST MELBOURNE, FL 32904**Current Mailing Address:**1131 W. NEW HAVEN AVENUE
SUITE 102
WEST MELBOURNE, FL 32904 US**FEI Number:** 59-1911574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ.
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:** NICHOLAS W. ROMANELLO

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	GERRELL, MATTHEW F.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	PRUITT, PATRICIA
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	BROWNLIE, MICHAEL C.
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	CHILDS, MADELINE B.
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR, SECRETARY, TREASURER
Name	PETERSEN, ROBIN M.
Address	6450 US HIGHWAY 1 ATTN: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	ASST. SECRETARY
Name	ROMANELLO, NICHOLAS W. ESQ.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	FOERSTE, DERLY
Address	6450 US HIGHWAY 1 ATTENTION: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR
Name	ZIES, LEONOR G. M.D.
Address	6450 US HIGHWAY 1 ATTN: CORPORATE LEGAL
City-State-Zip:	ROCKLEDGE FL 32955

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS W. ROMANELLO

ASSISTANT SECRETARY 04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, CHAIR
Name PACKARD, DANA D.
Address 6450 US HIGHWAY 1
ATTN: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name STRAHLE, SUSAN T.
Address 6450 US HIGHWAY 1
ATTN: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name BLAINE, GERMAINE M.D.
Address 6450 US HIGHWAY 1
ATTENTION: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VICE CHAIR
Name ROBINSON, MICHELLE
Address 6450 US HIGHWAY 1
ATTN: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name STRUTH, WILLIAM
Address 6450 US HIGHWAY 1
ATTN: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
ATTN: CORPORATE LEGAL
City-State-Zip: ROCKLEDGE FL 32955