2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2020
Secretary of State
9152806602CC

DOCUMENT# N19000011205

Entity Name: HEALTH FIRST FOUNDATION II, INC.

Current Principal Place of Business:

6450 US HWY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HWY 1
ROCKLEDGE, FL 32955

FEI Number: 84-3851693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W
6450 US HWY 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, VC
Name	ANDRE, JESSICA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	COOPER, ROCHELLE L.
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR, TREASURER
Name	GOINS, CHRISTINA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR, CHAIRMAN
Name	LACEY, STEPHEN J.
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	BROWN, STEPHANIE F.
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	FORBES, BARRY
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	KESSEL, KIRK
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	LANCE, CHRISTINE
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Continues on page 2

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 ROMANELLO ASSISTANT SECRETARY 09/09/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MOLNAR, POLLY
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	PERERS, ROBERT
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	SHIREMAN, REBECCA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	TRONER, WILLIAM
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	PRESIDENT
Name	SEELEY, MICHAEL
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	ASST. SECRETARY
Name	ROMANELLO, NICHOLAS
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	MORENO, RITA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	RICHARDSON, BARRY
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	TAYLOR, NANCY
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	WALL, BARBARA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	SECRETARY
Name	PRUITT, PATRICIA
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955