

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N19000011205

Entity Name: HEALTH FIRST FOUNDATION, INC.

Current Principal Place of Business:

6450 US HWY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HWY 1
ROCKLEDGE, FL 32955 US

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

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

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

Title DIRECTOR
Name HENRY, SANDRA
Address 6450 US HWY 1
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 ROMANELLO

ASSISTANT SECRETARY

02/04/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name FORDE, TERRY
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GARVIN, ELAINA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SHAH, MONICA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR
Name GLEASON, JANE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name NEAL, ANGELA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

Title DIRECTOR
Name PERERS, ROB
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 VICE, KIMBERLY

Title DIRECTOR, SECRETARY
Name CANTRELL, KAYE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PELZMAN, DAVID
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SHRUM, AUTUMN
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

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

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

Title DIRECTOR
Name OLIVER, JOHN (COLE)
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRENDERGAST, BRENDAN M.D.
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

Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955