

2022 FLORIDA NOT FOR PROFIT CORPORATION 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**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, IMMEDIATE PAST CHAIR
Name ANDRE, JESSICA
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 COOPER, ROCHELLE L.
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, CHAIRMAN
Name LACEY, STEPHEN J.
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 MORENO, RITA
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 W. ROMANELLO**ASSISTANT SECRETARY 02/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DS
Name PRUITT, PATRICIA
Address 6450 US HIGHWAY 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 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 DIRECTOR
Name BALAJI, M.D., GOBIVENKATA
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name DUKES, BECKY
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

Title DIRECTOR
Name TIEU, M.D., KENNETH D.
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DT
Name LANCE, CHRISTNE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D
Name JOHNSON, STEVEN P
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955