2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2025
Secretary of State
5916543914CC

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
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, VC
Name	KESSEL, KIRK
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, TREASURER
Name	DUKES, BECKY
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 01/15/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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