

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2024

Secretary of State

8856344173CC

DOCUMENT# N95000003610

Entity Name: HEALTH FIRST SHARED SERVICES, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: 59-3336894

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name MIKUEN, SCOTT T.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name RICHARDSON, THEODORE R. III
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GURRI, JOSEPH A. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HENRY, ROBERT K.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER
Name KILBORNE, DANA S.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title EVP, CFO, COO
Name ESROCK, BRETT A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HAFFNER, RANDALL L.
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BANKS, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVIS, R. DUANE M.D.
Address 2415 NORTH ORANGE AVENUE
SUITE 700
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR, VC
Name SHAW, JAMES C.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title ASSISTANT SECRETARY, EVP, CHIEF LEGAL
OFFICER
Name ROMANELLO, NICHOLAS W. ESQ.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PATRICK, KIM K.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name GOODMAN, TODD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title EVP, CHIEF ADMINISTRATIVE AND
EXPERIENCE OFFICER
Name JUST, PAULA B.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, CHAIRMAN, INTERIM
PRESIDENT AND CEO
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name BISHOP, LARRY S. M.D.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955