

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

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 PRESTWOOD, ALAN L.  
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, SECRETARY  
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** 04/21/2023

\_\_\_\_\_  
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  
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