

2022 FLORIDA NOT FOR PROFIT CORPORATION 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
Name MIKUEN, SCOTT T
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title EVP, CSO
Name RECTOR, DREW A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

Title PRESIDENT/CEO, DIRECTOR
Name JOHNSON, STEVEN P
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRESTWOOD, ALAN
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 EVP, CFO
Name SCIALDONE, MICHAEL A
Address 6450 US HIGHWAY 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 HAFFNER, RANDALL L
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

Title AS
Name ROMANELLO, NICHOLAS W.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

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

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

Title DC
Name SMITH, T. KENT
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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