2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004205

Entity Name: HEALTH FIRST, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1 ROCKLEDGE, FL 32955

FILED Feb 14, 2022 **Secretary of State** 5127000129CC

Current Mailing Address:

6450 US HIGHWAY 1

ROCKLEDGE, FL 32955 US

FEI Number: 59-3528774 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: NICHOLAS W. ROMANELLO

02/14/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT, CEO	Title	DIRECTOR
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JOHNSON, STEVEN P GURRI, JOSEPH M.D. Name Name Address 6450 US HWY 1 Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip: City-State-Zip:

Title D.T Title DIRECTOR, SECRETARY

Name KILBORNE, DANA S. HENRY, ROBERT K. Name Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 City-State-Zip: City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR Title **DIRECTOR**

Name PRESTWOOD, ALAN Name MIKUEN, SCOTT T Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip:

Title EXECUTIVE VICE PRESIDENT, CHIEF Title

D.C STRATEGY OFFICER SMITH, T. KENT Name Name RECTOR, DREW A.

Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip:

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.

02/14/2022 SIGNATURE: NICHOLAS W. ROMANELLO ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title EXECUTIVE VICE PRESIDENT, CFO Title D,VC

NameSCIALDONE, MICHAEL A.NameSHAW, JAMES C.Address6450 US HIGHWAY 1Address6450 US HIGHWAY 1City-State-Zip:ROCKLEDGE FL 32955City-State-Zip:ROCKLEDGE FL 32955

Title EVP, CHIEF EXPERIENCE OFFICER Title AS

Name JUST, PAULA Name ROMANELLO, NICHOLAS W.

Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title D Title D

NameBISHOP, LARRY S M.D.NamePATRICK, KIM KAddress6450 US HIGHWAY 1Address6450 US HIGHWAY 1City-State-Zip:ROCKLEDGE FL 32955City-State-Zip:ROCKLEDGE FL 32955