2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004205

Entity Name: HEALTH FIRST FOUNDATION, 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: 59-3528774 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

Electronic Signature of Registered Agent

04/03/2017 Date

FILED Apr 03, 2017

Secretary of State

CC3223492049

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

JOHNSON, STEVEN P TAYLOR, NANCY R Name Name 6450 US HWY 1 Address 6450 US HWY 1 Address

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

Title AS Title SD

Name ROMANELLO, NICHOOLAS W. ESQ. Name PRUITT, PATRICIA

Address 6450 US HWY 1 Address 6450 US HWY. #1

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

Title DIRECTOR Title **DIRECTOR**

Name BRANDON, WENDY MOLNAR, POLLY Name Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name BEAGLEY, RICHARD C BALAJI, GOBIVENKATA M.D. Name 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 Address City-State-Zip: ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip:

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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.

04/03/2017 SIGNATURE: MICHAEL SEELEY **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name TRONER, BILL

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

Title DIRECTOR

Name COOPER, ROCHELLE L
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name FOSTER, EVELYN
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name STEELE, KEVIN B
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name BROWN, STEPHANIE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D, CHAIRMAN

Name DUKES, BECKY

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title D, TREASURER

Name ANDRE, JESSICA

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title D

Name MORENO, RITA
Address 6450 US HIGHWAY 1

ROCKLEDGE FL 32955

Title P

City-State-Zip:

Name SEELEY, MICHAEL
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name LACEY, STEPHEN
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name CODDINGTON, CARL D JR.

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

Title DIRECTOR

Name DETTMER, DALE A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name RICHARDSON, BARRY

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name DYER, BOBBIE

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

Title DIRECTOR

Name LANCE, CHRISTINE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name TIEU, KENNETH M.D.

Address 8745 N. WICKHAM ROAD

MELBOURNE

City-State-Zip: FL FL 32940

Title D

Name GOINS, TINA

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

Title D, VC

Name PERERS, ROB
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name GREENSPOON, DANIELLE
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955