

**2024 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

**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

04/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR, VC  
Name SHAW, JAMES C.  
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

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT, CHIEF  
ADMINISTRATIVE AND EXPERIENCE OFFICER  
Name JUST, PAULA B.  
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

Title ASSISTANT SECRETARY, EXECUTIVE  
VICE PRESIDENT, CHIEF LEGAL  
OFFICER  
Name ROMANELLO, NICHOLAS W.  
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