## 2018 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 04/30/2018

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2018

Secretary of State

CC1301281597

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

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

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

Title SD Title AS

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

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

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

Title DIRECTOR Title DIRECTOR

Name MOLNAR, POLLY Name BALAJI, GOBIVENKATA M.D.

Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1

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

TitleDIRECTORTitleDIRECTORNameBEAGLEY, RICHARD CNameTRONER, BILLAddress6450 US HIGHWAY 1Address6450 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: MICHAEL SEELEY PRESIDENT 04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

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, CHAIRMAN
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

Title D

Name BROWN, STEPHANIE
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

Name DUKES, BECKY
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D, VC

Name ANDRE, JESSICA
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title D

Name MORENO, RITA

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title P

Name SEELEY, MICHAEL

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER

Name LACEY, STEPHEN

Address 6450 US HIGHWAY 1

City-State-Zip: ROCKLEDGE FL 32955