

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

Officer/Director Detail :

Title DIRECTOR
Name JOHNSON, STEVEN P
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name TAYLOR, NANCY R
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title SD
Name PRUITT, PATRICIA
Address 6450 US HWY. #1
City-State-Zip: ROCKLEDGE FL 32955

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

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

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

Title DIRECTOR
Name BEAGLEY, RICHARD C
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name TRONER, BILL
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: 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