## 2014 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

FEI Number: 59-3528774 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHIAS, DAVID E 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 18, 2014

Secretary of State

CC4413521254

Officer/Director Detail :

Title DIRECTOR Title **CHAIRMAN** 

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

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

Title AS Title SD

Name MATHIAS, DAVID E PRUITT, PATRICIA Name 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 **TREASURER** 

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

03/18/2014 **PRESIDENT** SIGNATURE: TERRY MOHR

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title **DIRECTOR** Name BISHOP, LARRY S Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

Title **DIRECTOR** 

CODDINGTON, CARL D JR. Name

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

DIRECTOR Title

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

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

Title **DIRECTOR** 

Name CLARK, MELISSA F Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name GOATLEY, COLEMAN Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

Title **DIRECTOR** 

Name SCANLON, CHUCK Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

**DIRECTOR** Title Name DYER, BOBBIE Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

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

Title **DIRECTOR** Name HENRY, SANDRA Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 City-State-Zip:

Title DIRECTOR WESCHE, HOLLY Name

Title **DIRECTOR** Name TRONER, BILL Address 6450 US HIGHWAY 1

ROCKLEDGE FL 32955

Title DIRECTOR

City-State-Zip:

Name COLEMAN, LINDA G Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 City-State-Zip:

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

Title **DIRECTOR** Name DANA, MIKE

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

Title **DIRECTOR** 

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

Title **PRESIDENT** Name MOHR, TERRY 6450 US HIGHWAY 1 Address ROCKLEDGE FL 32955 City-State-Zip:

Title DIRECTOR

Name GOLDEN, NANIALEI M.D. 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 Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955