## 2015 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 06, 2015

**Secretary of State** 

CC6956142580

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 MATHIAS, DAVID E

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

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

Title TREASURER Title DIRECTOR

Name MOLNAR, POLLY Name BRANDON, WENDY

Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1

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

TitleDIRECTORTitleDIRECTOR, CHAIRMANNameBALAJI, GOBIVENKATA M.D.NameBEAGLEY, RICHARD CAddress6450 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: TERRY MOHR PRESIDENT 03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

ROCKLEDGE FL 32955

ROCKLEDGE FL 32955

City-State-Zip:

City-State-Zip:

City-State-Zip:

DIRECTOR, VC Title Title **DIRECTOR** 

Name TRONER, BILL Name CODDINGTON, CARL D JR.

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

Title **DIRECTOR** Title **DIRECTOR** 

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

Title **DIRECTOR** Title DIRECTOR, VC

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

Title DIRECTOR Title DIRECTOR

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

Title **DIRECTOR** Title **DIRECTOR** 

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

Title **PRESIDENT DIRECTOR** Title

MOHR, TERRY Name DYER, BOBBIE Name Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

DIRECTOR Title Name GOLDEN, NANIALEI M.D. Name BROWN, STEPHANIE 6450 US HIGHWAY 1 Address Address 6450 US HIGHWAY 1

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

Title **DIRECTOR** Title DIRECTOR

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

City-State-Zip: ROCKLEDGE FL 32955

Title **DIRECTOR** Title D

Name TIEU, KENNETH M.D. DUKES, BECKY Name Address 8745 N. WICKHAM ROAD

Address 6450 US HIGHWAY 1 **MELBOURNE** 

City-State-Zip: FL FL 32940 City-State-Zip: ROCKLEDGE FL 32955