

2025 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

01/15/2025

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 PRESIDENT AND CEO
Name FORDE, TERRY
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title EXECUTIVE VICE PRESIDENT, CFO,
COO
Name PULIO, KRISTEN
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 ROMANELLO

ASSISTANT SECRETARY

01/15/2025

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