## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

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

10/28/2024

**FILED** Oct 28, 2024

Secretary of State 3359781921CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name GURRI, JOSEPH A. M.D. Name HENRY, ROBERT K. 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 Address City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY Title DIRECTOR, TREASURER Name MIKUEN, SCOTT T. KILBORNE, DANA S. Name

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

Title DIRECTOR, CHAIRMAN, INTERIM Title **DIRECTOR** 

PRESIDENT AND CEO

RICHARDSON, THEODORE R. III Name Name SMITH, T. KENT

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

City-State-Zip:

Title EXECUTIVE VICE PRESIDENT, CFO, Title DIRECTOR, VC COO

Name SHAW, JAMES C. PULIO, KRISTEN Name

Address 6450 US HIGHWAY 1 6450 US HIGHWAY 1 Address

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

Continues on page 2

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

Electronic Signature of Signing Officer/Director Detail

ASSISTANT SECRETARY

10/28/2024

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