

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CAPE CANAVERAL HOSPITAL INC
Number and street (or P O box if mail is not delivered to street address) Room/suite
3300 FISKE BLVD
City or town, state or country, and ZIP + 4
ROCKLEDGE, FL 32955

D Employer identification number
59-2477479
E Telephone number
(321) 434-5150
F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW HEALTH-FIRST ORG

J Organization type (check only one)
501(c) (3)
4947(a)(1)
527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 126,734,172

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, and Net assets at end of year.

Part III Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	248,152	248,152		
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	47,690,163	40,263,044	7,427,119	
27	Pension plan contributions not included on lines 25a, b and c	27	1,939,958	1,641,544	298,414	
28	Employee benefits not included on lines 25a - 27	28	10,344,385	7,500,122	2,844,263	
29	Payroll taxes	29	3,890,974	3,297,155	593,819	
30	Professional fundraising fees	30				
31	Accounting fees	31	113,984		113,984	
32	Legal fees	32	485,334		485,334	
33	Supplies	33	18,118,997	18,068,498	50,499	
34	Telephone	34	436,338	99,133	337,205	
35	Postage and shipping	35	181,854	74,156	107,698	
36	Occupancy	36	337,217	171,763	165,454	
37	Equipment rental and maintenance	37	3,069,267	1,753,422	1,315,845	
38	Printing and publications	38	268,621	235,676	32,945	
39	Travel	39	311,565	294,338	17,227	
40	Conferences, conventions, and meetings	40				
41	Interest	41	3,632,032	3,445,733	186,299	
42	Depreciation, depletion, etc (attach schedule)	42	6,696,794	6,696,794		
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	119,917,296	98,611,694	21,305,602	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? OPERATION OF ACUTE CARE HOSPITAL</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Cape Canaveral Hospital, Inc provides quality medical healthcare regardless of race, creed, gender, national origin, handicap, age or ability to pay, although reimbursement for services rendered is critical to the operation and stability of Cape Canaveral Hospital, Inc. It is recognized that not all individuals possess the ability to purchase essential medical services and further, that our mission is to serve the community with respect to providing healthcare services and healthcare education. Therefore, in keeping with this hospital's commitment, to serve all members of its community: 1) Free care and/or subsidized care is provided where the need and/or inability to pay exists. 2) Care is provided at below cost to persons covered by governmental programs. 3) Free healthcare activities and programs are provided to the community. These activities include wellness programs, community education programs, special programs for elderly, handicapped, and mentally underserved along with a variety of broad community support activities. Please see attached community benefit report.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>98,611,694</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>98,611,694</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing			45		
	46 Savings and temporary cash investments		29,444,547	46	31,734,029	
	47a Accounts receivable	47a	24,113,784			
	b Less allowance for doubtful accounts	47b	11,979,729	13,881,407	47c	12,134,055
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		2,384,837		52	2,456,847
	53 Prepaid expenses and deferred charges		430,392		53	374,249
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,427,913		54a	2,260,000
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		25,526,656		56	26,333,971	
57a Land, buildings, and equipment basis	57a	150,584,393				
b Less accumulated depreciation (attach schedule)	57b	86,755,847	64,826,880	57c	63,828,546	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		2,174,541		58	3,047,907	
59 Total assets (must equal line 74) Add lines 45 through 58		141,097,173		59	142,169,604	
Liabilities	60 Accounts payable and accrued expenses		7,660,412	60	7,554,521	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)		38,688,695		64a	37,758,951
	b Mortgages and other notes payable (attach schedule)		725,851		64b	631,402
	65 Other liabilities (describe <input type="checkbox"/> _____)		38,064,620		65	37,256,684
66 Total liabilities Add lines 60 through 65		85,139,578		66	83,201,558	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		54,783,649	67	57,668,113	
	68 Temporarily restricted		1,173,946	68	1,299,933	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		55,957,595		73	58,968,046
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		141,097,173		74	142,169,604

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>10</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	Yes
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization <u>See Additional Data Table</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of ROBERTA STONER Telephone no (321) 434-5150
3300 FISKE BLVD Located at ROCKLEDGE, FL ZIP + 4 32955
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT SERVICES					124,271,258
b MEDICAL MONITORING			41	65,224	
c REFERENCE LAB	621500	39,595			
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	782,260	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	54,534	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	99,567	
100 Gain or (loss) from sales of assets other than inventory			18	-1,223	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a CAFETERIA/CATERING			03	908,921	
b OTHER			01	8,724	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		39,595		1,918,007	124,271,258
105 Total (add line 104, columns (B), (D), and (E))					126,228,860

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	CAPE CANAVERAL HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) NAICS code
CAPE HEALTH PROPERTIES INC POST OFFICE BOX 320069 COCOA BEACH, FL32932 59-3086711	10000 %	REAL ESTATE
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with Exempt Purposes (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums, directly or indirectly, for the organization's exempt purposes?

(b) Did the organization, during the year, pay premiums, directly or indirectly, for the organization's exempt purposes?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	CAPE HEALTH PROPERTIES INC 3300 FISKE BLVD ROCKLEDGE, FL 32955	593086711	RENT	72,260	
b	HOLMES REGIONAL MEDICAL CENTER INC 3300 FISKE BLVD ROCKLEDGE, FL 32955	591911574	RENT	57,972	
c	HEALTH FIRST PHYSICIANS INC 3300 FISKE BLVD ROCKLEDGE, FL 32955	593346397	RENT	18,000	
Totals				148,232	

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	HEALTH FIRST FOUNDATION INC 3300 FISKE BLVD ROCKLEDGE, FL 32955	593528774	CONTRIBUTIONS RECEIVED	394,629	
Totals				394,629	

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?					

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date 2009-08-13

Robert C Galloway Sr VP Finance
Type or print name and title

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131			EIN _____ Phone no (305) 358-4111

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
CAPE CANAVERAL HOSPITAL INC

Employer identification number

59-2477479

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RODNEY R MOORE 3300 FISKE BLVD ROCKLEDGE, FL 32955	VP MEDICAL AFFAIRS 40 0	259,573	21,786	0
JANICE M MCCOY 3300 FISKE BLVD ROCKLEDGE, FL 32955	VP PATIENT CARE SVC 40 0	170,464	17,923	0
RICCI DEPASCALE 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACIST 40 0	147,559	12,769	0
JOHN SCOTT WARNER 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACIST 40 0	145,592	8,459	0
RONALD C MCGRIER JR 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACY MANAGER 40 0	137,605	7,403	0
Total number of other employees paid over \$50,000	315			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HURON CONSULTING SERVICES LLC 4795 PAYSHERE CIRCLE CHICAGO, IL 60674	Mnmgt Consulting	1,842,091
NEOLINK PHYSICIANS PA 93 DELLANOY AVE COCOA, FL 32922	Physician Services	252,082
NEUROLOGIC ASSOCIATES OF CENTRAL BR 1395 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953	On Call Services	171,750
FAIRUZ F MATUK MD 32 SUNTREE PLACE MELBOURNE, FL 32940	Physician Services	156,750
NAVIGANT CONSULTING INC 1175 PEACHTREE STREET NE SUITE 190 ATLANTA, GA 30361	Consulting Services	104,543
Total number of others receiving over \$50,000 for professional services	4	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Cardiovascular Insights LLC 109 SE 1st Avenue OCALA, FL 34471	Perfusion Services	324,450
ROA IMAGING SERVICES INC PO BOX 850001 ORLANDO, FL 328850370	Imaging and Scanning	539,425
SKYLIGHT HEALTHCARE SYSTEMS INC 12777 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	Technical Service	441,337
HEALTH FIRST 3300 Fiske Blvd ROCKLEDGE, FL 32955	Lab Services	435,538
SPACE COAST HOSPITAL SERVICE INC 1895 MURRELL ROAD ROCKLEDGE, FL 32955	Laundry Services	375,495
Total number of other contractors receiving over \$50,000 for other services	10	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨</p>	2a		No
<p>a Sale, exchange, or leasing property?</p>	2b		No
<p>b Lending of money or other extension of credit?</p>	2c	Yes	
<p>c Furnishing of goods, services, or facilities?</p>	2d	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2e		No
<p>e Transfer of any part of its income or assets?</p>	3a		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3b	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3c		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3d		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4a		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4b		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4c		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>	<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>	<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Yes No
51a(i) No
a(ii) No
b(i) No
b(ii) No
b(iii) No
b(iv) No
b(v) No
b(vi) No
c No

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

TY 2007 Compensation Explanation

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Person Name	Explanation
Brian J Bussen	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
James E Carter MD	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
Judith A George	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
Tony Hernandez III Esq	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
George W Lewis	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
Nicholas E Pellegrino	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID

Person Name	Explanation
Jeffrey Stalnaker MD	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
Kevin B Steele	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
R Roy Wright	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID
Russell Fischer	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO THE HEALTH FIRST EXECUTIVE BENEFIT PLAN THAT WILL BE REPORTED AGAIN IN COMPENSATION WHEN PAID

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Brian J Bussen	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	20,200	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
James E Carter MD	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	15,250	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Judith A George	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	15,850	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Tony Hernandez III Esq	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	14,650	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
George W Lewis	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	15,250	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Nicholas E Pellegrino	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	20,550	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Jeffrey Stalnaker MD	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	15,700	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Kevin B Steele	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	16,050	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
R Roy Wright	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	88,819	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO
Russell Fischer	Health First Inc	59-3336894	Parent - Subsidiary	0	21,750	0	CURRENT BENEFITS PAID BY RELATED PARTY INCLUDE UNPAID CONTRIBUTIONS TO

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
MAJOR MOVABLE EQUIPMENT					73,309	74,532			-1,223	

TY 2007 General Explanation Attachment

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 64A - TAX-EXEMPT BOND LIABILITIES		HEALTH FACILITIES REVENUE BONDS, SERIES 2001 PURPOSE OF ISSUE CAPITAL IMPROVEMENTS HEALTH FACILITIES REFUNDING REVENUE BONDS, SERIES 2003 PURPOSE OF ISSUE REFUNDING OF HRMC & CCH SERIES 1993 BOND ISSUES BREVARD COUNTY HEALTH ATY SERIES 2005 PURPOSE OF ISSUE CAPITAL IMPROVEMENTS

Identifier	Return Reference	Explanation
FORM 990, PART II-LINE 42, DEPRECIATION & PART IV-LINE 57, FIXED ASSETS		<p>LINE 42 - DEPRECIATION EXPENSE LAND & LAND IMPROVEMENTS \$77,718 BUILDINGS & IMPROVEMENTS \$ 2,913,297 LEASEHOLD IMPROVEMENTS \$60,725 MAJOR MOVEABLE EQUIPMENT \$3,490,790 FIXED EQUIPMENT \$154,264 TOTAL DEPRECIATION EXPENSE \$6,696,794 DEPRECIATION IS COMPUTED UTILIZING THE STRAIGHT-LINE METHOD AT RATES ESTIMATED BY MANAGEMENT TO AMORTIZE THE COST OF THE VARIOUS ASSETS WITHIN THE PERIOD OF EXPECTED USE THE FOLLOWING GENERAL RANGE OF USEFUL LIVES ASSETS ESTIMATED LIFE LAND IMPROVEMENTS 10-20 YEARS BUILDINGS & IMPROVEMENTS 3-40 YEARS FIXED EQUIPMENT 5-25 YEARS MAJOR MOVABLE EQUIP 3-20 YEARS LINE 57 - FIXED ASSETS LAND & LAND IMPROVEMENTS \$2,371,830 BUILDINGS & IMPROVEMENTS \$76,374,782 LEASEHOLD IMPROVEMENTS \$795,703 MAJOR MOVEABLE EQUIPMENT \$56,441,091 FIXED EQUIPMENT \$14,135,262 CONSTRUCTION IN PROGRESS \$465,725 TOTAL FIXED ASSETS \$150,584,393 LESS ACCUMULATED DEPRECIATION (\$86,755,847) NET FIXED ASSETS \$63,828,546</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI - LINE 90B - NUMBER OF EMPLOYEES		EMPLOYEES FOR CAPE CANAVERAL HOSPITAL, INC ARE INCLUDED IN THE FORM 941 FILED BY HEALTH FIRST, INC , EIN 59-3336894, WHICH SERVES AS A COMMON PAY AGENT

Identifier	Return Reference	Explanation
Community Benefit Report		<p>LIVING PROOF Community Report 2009 HEALTH FIRST MISSION Our team positively changing the health and well-being of you and your family through excellent and compassionate health care HEALTH FIRST VISION Skilled and dedicated people delivering high quality, patient-centered health care that improves lives and communities Every person Every time Health First continues to proudly serve this community, improving both the lives of residents and the communities in which we live through our numerous healthcare programs and services Our talented team of more than 6,000 physicians, clinicians, and associates, as well as our more than 2,000 volunteers, is committed to positively changing the health and well-being of our community members through excellent and compassionate health care In this report we are recalling Living Proof, you will read stories about men, women and young people who have been recipients of Health First healthcare services or programs with dramatic, positive results They wanted to share their experiences with others, letting readers learn how their lives have been improved, and in many cases saved, by the excellent care and expertise they received from Health First team members These stories are representative of the thousands of individuals who have accessed health care services during the past year from Health First Health First remains committed to its vision of delivering high quality, patient-centered health care to every person, every time MISSION-DRIVEN COMMUNITY BENEFITS \$ 16,155,148 -CHARITY CARE \$ 1,809,421 -CASH, IN KIND DONATIONS, WORKFORCE ENHANCEMENT & FUNDRAISING \$ 12,991,967 -MEDICAID SUBSIDIES \$ 554,420 -COMMUNITY OUTREACH SERVICES \$ 7,833,429 -HEALTH PROFESSIONALS EDUCATION & RESEARCH ----- \$ 39,344,385 TOTAL OTHER COMMUNITY SUPPORT \$ 1,534,071 -FOUNDATION GRANTS & AID \$ 243,500 -UNITED WAY CONTRIBUTIONS FROM EMPLOYEE CAMPAIGN \$ 5,266,521 -INDIGENT TAX & BIRTH TAX \$ 4,011,000 -REAL ESTATE, PROPERTY & OTHER TAXES ----- \$ 11,055,092 TOTAL TOTAL AMOUNT OF UNPAID COSTS IN EXCESS OF PAYMENTS TO DELIVER CARE \$ 45,533,446 -MEDICARE SHORTFALLS \$ 14,361,989 -BAD DEBT ----- \$ 59,895,435 TOTAL \$ 39,344,385 -TOTAL AMOUNT OF MISSION-DRIVEN COMMUNITY BENEFIT \$ 11,055,092 -TOTAL AMOUNT OF OTHER COMMUNITY SUPPORT \$ 59,895,435 -TOTAL AMOUNT UNPAID COSTS IN EXCESS OF PAYMENTS TO DELIVER CARE ----- \$110,294,912 GRAND TOTAL</p> <p>ACCIDENT LEADS TO A AMPUTATION Kody Best Dakota Best, or Kody as his friends and family know him, was traumatically injured in August of 2008 following an ATV accident that left him near death His mother and grandparents credit saving the life of then 13-year-old Kody to the surgeons and clinical team at The Trauma Center at Holmes Regional Medical Center where he was treated Kody, who lives in Palm Bay, does not remember his four-wheeler accident or the Jeep that crushed him and hurled him 300-feet away Though he was unconscious, his family remembers the long ambulance ride from Vero Beach where the accident occurred to The Trauma Center because the winds were too strong for him to be transported by helicopter He suffered a ruptured spleen, a fractured skull, a collapsed lung, respiratory failure, numerous broken bones, and a crushed leg that resulted in a partial leg amputation Kody and his family do remember the compassionate physicians and nurses who became his caretakers and extended family for his month-long stay at the hospital Though Kody now walks with a prosthesis, he excels at Florida Air Academy where he attends school, is an active bugle corps member, a baseball player, a junior umpire, and a very positive young man He now visits the hospital waiting room to share his experience with other families going through similar situations "Our family is so thankful and humbled by the care that the trauma team gave Kody after his ATV accident," said Careen Best, Kody's mother "From the person who emptied the trash can in his room, to the nurse who wrapped her arms around him to warm his body temperature, to the surgeons who miraculously brought him back from the brink of death, we can't express the gratitude we feel for the entire Trauma Center team They saved Kody's life " COLLISION CAUSES BRAIN INJURY Justin Sheppard Eighteen-year-old Justin Sheppard, a Titusville resident, doesn't remember the First Flight air ambulance ride to The Trauma Center at Holmes Regional Medical Center following a car collision in Cocoa that left him in a coma with a brain injury, multiple broken bones and crushed organs By the time his family arrived at the hospital, Justin was already undergoing emergency surgeries being performed by several of the trauma team surgery specialists One week later Justin emerged from the coma and saw for the first time the surgeons and other trauma team members who had saved his life His recovery has been a slow process As a reminder of the accident, Justin has a small scar on his temple, and a large scar on his sto</p>

Identifier	Return Reference	Explanation
Community Benefit Report		<p>mach Justin is working full time, enjoying his family and friends, and making plans for his future. He believes he owes his life to the trauma team who knew exactly what type of care and treatment he needed in the golden hour. "I only remember a few days of my three-week hospital stay," said Justin, "but based on the picture of my totaled car, and hearing about the body and head injuries I suffered, I have no doubt that I was close to death. The doctors in The Trauma Center at Holmes saved my life. I will always be grateful to them." PATIENT MUST RE-TRAIN BRAIN</p> <p>Charles Bevan In April of 2006 Charles Bevan was driving his car in Vero Beach when he collided head-on with a dump truck. Seventeen years old at the time, Charles was transported to The Trauma Center at Holmes Regional Medical Center on board the First Flight air ambulance, where the trauma team, including trauma physicians and sub-specialists, as well as skilled clinicians and technicians, were awaiting his arrival. The horrific accident left him with a right frontal lobe injury, injured thoracic cavity, collapsed lung, as well as numerous fractured bones and internal injuries. After the emergency surgeries were completed, Charles began the road to healing while he remained in a coma in the hospital's Intensive Care Unit for a month. He remained in a coma for two more months after being moved to a rehabilitation facility. Charles, whose intelligence ranked in the genius category before the accident, has been re-training his brain for the past three years. Today Charles, who could not talk or identify colors three years ago, has made tremendous progress in recapturing 17 years of lost knowledge. He started his college studies in fall 2008 at Florida Atlantic University, and will transfer in August 2009 to Indian River State College where he plans to pursue a degree in Medical Technology. Charles and his family credit his mental and physical comeback to the amazing work of the trauma team. "I was on track to become a doctor before my collision," said Charles. "My recent aptitude test shows I'm well suited to become a medical technologist. I'm just very thankful for the phenomenal care I received from the Health First trauma team. Going back to visit the doctors and nurses who cared for me immediately following the injury and during that next month has helped me heal. I tell them to keep doing what they do because it makes such a difference. I also like to share my story with other families who are facing a traumatic situation such as the one my family and I endured." CELEBRATING HEARTS Bill & Ophelia Harper "I can't say enough about the special care I received from our Cardiologists, Cardiovascular Surgeons, nurses, and cardiac therapists at The Heart Center," says former heart patient Ophelia Harper. "My Cardiologist, Dr. Vicari, had been trying to get Dr. Greene (Cardiovascular Surgeon) to do an artificial aorta transplant. When he told him I was going to die without it, Dr. Greene agreed to perform the surgery that I so desperately needed last December." Ophelia's Cardiac Nurse Therapist Seher Swenson, RN, along with Michael Greene, MD, and his staff nurse, Anne Doerflein, RN, attended a special Valentine's Day wedding vow renewal ceremony for Ophelia and her husband, Bill, in the Atrium at The Heart Center at Holmes Regional Medical Center on Valentine's Day. Bill, now 79, is also a recovered heart valve transplant patient whose surgery was performed at Holmes Regional Medical Center by Cardiovascular Surgeon John McKinney, MD, almost ten years ago. The Harpers were originally married 59 years ago just after Bill finished a tour in the U.S. Navy. Ophelia, 76, has gone through three heart surgeries. Bill later served as Director of Public Works for the City of Melbourne for 35 years before retiring as Deputy City Manager in 1994. In their heartfelt Valentine's Day ceremony, the Harpers renewed their wedding vows with another former heart patient/pastor, Rev. Eric Hamm, officiating—just two months following Ophelia's aorta transplant at The Heart Center. The Harper's daughter, Telia Kivett, and son, Bill Jr., a physician, stood with their parents at the couple's Valentine's Day vow renewal ceremony in The Heart Center's beautifully decorated Harry & Wendy Brandon Atrium. A "true event of the heart," the couple's Cardiologists Ralph Vicari, MD, and James Ronaldson, MD, who also work with patients at The Heart Center, also attended. Now fully recovered, Bill and Ophelia faithfully continue their morning walks together six days a week at The Melbourne Square as part of the Mallwalkers' program that was initially begun by Health First 13 years ago. Bill has walked more than 14,000 miles and his wife has clocked more than 13,000 miles according to the official Mallwalkers' log book. Among the group's founding members, the Harpers are among about 80 walkers in the current Mallwalkers' group now operated courtesy of The Melbourne Square Mall's management.</p>

Identifier	Return Reference	Explanation
Community Benefit Report		<p>, which allows the group to walk in the Mall's common areas two hours before Mall stores open "We probably would not have survived all this if we hadn't been walking as well," says Ophelia Health First congratulates Bill and Ophelia on 59 years of marriage and wishes them many more heart-healthy years and miles together! LIFE-SAVING SKILLS Paul Berner A person's chances of surviving sudden cardiac arrest doubles if there's someone who can quickly provide cardiopulmonary resuscitation (CPR) or use a portable automatic external defibrillator (AED) Unfortunately, if CPR isn't provided immediately after a sudden cardiac arrest, the chances of survival falls seven to 10 percent for every minute of delay That fact and Paul Berner are why Health First offered free CPR-AED training sessions to individuals wanting to learn this life-saving skill at The Training Center of Health First this year The normally \$25-per-person course that's part of the American Heart Association's Family & Friends Program was offered free of charge by Health First to 107 community members who took The Training Center life-saving sessions on Saturday, June 6, and are now qualified to perform CPR and AED Now what does Paul Berner have to do with all this? A sudden cardiac arrest survivor, Paul not only attended the training sessions, but emphatically proclaims, "I died, but CPR and an AED brought me back to life" Paul spoke of his too-close-for-comfort experience at the CPR training event to which he brought along his wife, Kathy, their two granddaughters, Kendra, 9, and Kaylin, 11, and son, Kevin, as well as some of their friends to take one of the free CPR training classes offered by Health First Paul's near-sudden cardiac death experience happened on Sunday, March 8, when he was mid-stride through the cross-trainer equipment at the Pro-Health & Fitness Center in the Health First Healthplex on Merritt Island When Paul suddenly collapsed, someone called for help and the Front Desk staff called 9-1-1 "Had this happened anywhere else, I would have died," Paul notes "I am alive only because the people around me knew CPR and had an AED" The "people" around him were two Pro-Health workers at the Merritt Island facility and off-duty Nurse Manager Susan Weibert, RN, who works at Holmes Regional Medical Center and happened to be exercising on a treadmill near Paul when he collapsed "He turned purple from the neck up," said Pro-Health Exercise Specialist Michael Newman who assisted by shocking Paul twice with the portable AED equipment that Pro-Health keeps at each of its four facilities "First Susan began CPR and we took turns, with her doing the chest compressions and me blowing air in to Paul's lungs," said Manny Shaw, a Pro-Health Floor Supervisor "We provide monthly CPR/ AED testing for all of our employees on a consistent basis just in case something like this happens," Manny said "We make sure they know how to do CPR and use an AED the right way," he noted Paul looks fit and trim at 66 but has a family history for high cholesterol, and Kathy, his wife, said that two of Paul's family members died after heart and stroke-related events in their early 60s, however, Paul, a retired executive "felt good and never thought this would happen to him," she stated The dynamic hero-trio at Pro-Health and several others, including an off-duty paramedic worked in concert to keep Paul alive until emergency medical technicians (EMTs) arrived and took him to Cape Canaveral Hospital's Emergency Department Paul doesn't remember anything, but his son happened to be at the fitness center when Paul collapsed, and he witnessed the entire event "My son told me that these three kept me alive until the paramedics arrived I woke up eight days later after having quintuple bypass surgery," Paul said Paul was flown by Health First's First Flight aeromedical transport helicopter to The Heart Center at Holmes Regional Medical Center after testing indicated he needed immediate heart surgery performed by Cardiovascular Surgeons Michael Greene, MD, and John McKinney, MD</p>

TY 2007 Investments - Other Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Description	Book Value	Cost/FMV
INV IN HEALTHCARE RELATED JV	5,186,505	
DEMAND NOTE REC FROM PARENT	21,147,466	

TY 2007 Mortgages and Notes Payable Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Total Mortgage Amount: 631402

Item No.	1
Lender's Name	CHARLES PROVOST ANNUITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	391490
Balance Due	288117
Date of Note	1994-05
Maturity Date	2021-05
Repayment Terms	\$37,665 ANNUITY PAYMENT DUE ANNUALLY IN MAY
Interest Rate	8.6
Security Provided by Borrower	NONE
Purpose of Loan	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	MARY-PROVOST-KATZ ANNUITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	411824
Balance Due	343285
Date of Note	1994-05
Maturity Date	2027-05
Repayment Terms	\$36,003 ANNUITY PAYMENT DUE ANNUALLY IN MAY
Interest Rate	8.1
Security Provided by Borrower	NONE
Purpose of Loan	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	SUNTRUST BANK CREDIT LINE
Lender's Title	
Relationship to Insider	
Original Amount of Loan	975000
Balance Due	0
Date of Note	2002-09
Maturity Date	2008-09
Repayment Terms	6 MOS INTEREST(LIBOR+90PTS) THEN 60 PRINCIPAL PMTS
Interest Rate	
Security Provided by Borrower	CASH IN BUSINESS MONEY MARKET PERFORMANCE ACCOUNT
Purpose of Loan	PURCHASE EQUIPMENT FOR HOSPITAL
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Description	Beginning of Year Amount	End of Year Amount
DEF LOAN COST		
AND INTANGIBLE ASSET	1,506,394	1,414,101
OTHER ASSETS	27,479	964,336
INTEREST IN FOUNDATION	640,668	669,470

TY 2007 Other Changes in Net Assets Schedule**Name:** CAPE CANAVERAL HOSPITAL INC**EIN:** 59-2477479

Description	Amount
CHANGE IN INTEREST IN FOUNDATION	2,345
EQUITY TRANSFER TO TAX EXEMPT PARENT	3,645,794
UNREALIZED LOSS	88,444

TY 2007 Other Investment Income Schedule**Name:** CAPE CANAVERAL HOSPITAL INC**EIN:** 59-2477479

Description	Amount
Coastal Health - Joint Venture	47,595
Space Coast Hospital - Joint Venture	51,972

TY 2007 Other Liabilities Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE OBLIGATION	23,940,000	25,069,832
DUE TO RELATED PARTIES	12,135,954	10,866,075
OTHER LIABILITIES	879,398	811,836
RAC AUDIT RESERVE	1,109,268	508,941

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Item No.	1
Name of Issue	
Purpose	SERIES 2001 BONDS
Amount Outstanding	20360555
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	SERIES 2003 BONDS
Amount Outstanding	7483863
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	SERIES 2005 BONDS
Amount Outstanding	9914533
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Self Dealing Statement

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Line Number	Explanation
2c	<p>THE EMPLOYEES OF CAPE CANAVERAL HOSPITAL, INC. (CCH), ARE INSURED BY HEALTH FIRST HEALTH PLANS, INC. (HFHP). HFHP IS A SUBSIDIARY OF HEALTH FIRST HOLDING COMPANY, INC. (HOLDING), WHICH IS WHOLLY OWNED BY HEALTH FIRST, INC. (HFI). HFI IS THE SOLE CORPORATE MEMBER OF CCH. ALL PREMIUMS ARE PAID AT FMV RATES. . HEALTH FIRST PHYSICIANS, INC. (HFPI) LEASES SPACE TO CCH. HFPI IS A SUBSIDIARY OF HOLDING WHICH IS WHOLLY OWNED BY HFI. THE TERMS OF ALL RENTAL AGREEMENTS ARE AT FAIR MARKET VALUE RATES. . CAPE HEALTH PROPERTIES, INC. (CHP) LEASES SPACE TO CCH. CHP IS A WHOLLY OWNED SUBSIDIARY OF CCH. THE TERMS OF ALL RENTAL AGREEMENTS ARE AT FAIR MARKET VALUE RATES.</p>
2d	<p>FORM 990,PART V-A.</p>











Additional Data

Software ID:
Software Version:
EIN: 59-2477479
Name: CAPE CANAVERAL HOSPITAL INC




Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CORPORATE ALLOCATION - DEPRECI	43a	2,834,695		2,834,695	
b PROVISION FOR BAD DEBTS	43b	8,002,936	8,002,936		
c PROFESSIONAL SERVICES	43c	1,496,016	638,077	857,939	
d PHYSICIAN RECRUITMENT	43d	99,669		99,669	
e UTILITIES	43e	2,261,351	2,163,709	97,642	
f PURCHASED SERVICES	43f	3,535,798	3,305,953	229,845	
g MINOR EQUIPMENT	43g	98,181	82,613	15,568	
h TAXES AND LICENSES	43h	1,006,973	150,511	856,462	
i PROFESSIONAL DEVELOPMENT	43i	132,880	44,710	88,170	
j DUES AND SUBSCRIPTIONS	43j	127,132	32,988	94,144	
k BILLING AND COLLECTIONS	43k	313,333	32,333	281,000	
l ADVERTISING	43l	106,204	8,905	97,299	
m INSURANCE	43m	1,464,394		1,464,394	
n OTHER	43n	395,159	330,641	64,518	
o PYMTS TO HEALTHCARE PROVIDERS	43o	276,940	276,940		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Brian J Bussen  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
James E Carter MD  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Judith A George  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Tony Hernandez III Esq  3300 FISKE BLVD ROCKLEDGE, FL 32955	Vice Chairman 1 0	0	0	0
George W Lewis  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Nicholas E Pellegrino  3300 FISKE BLVD ROCKLEDGE, FL 32955	Chairman 1 0	0	0	0
Jeffrey Stalnaker MD  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Kevin B Steele  3300 FISKE BLVD ROCKLEDGE, FL 32955	Secretary/Treasurer 1 0	0	0	0
R Roy Wright  3300 FISKE BLVD ROCKLEDGE, FL 32955	CCH President 40 0	218,313	21,445	8,394
Michael McGoohan  3300 FISKE BLVD ROCKLEDGE, FL 32955	CCH Medical Staff President 40 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Kevin S Pruett  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Steven Wolff MD  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0
Russell Fischer  3300 FISKE BLVD ROCKLEDGE, FL 32955	Trustee 1 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CAPE HEALTH PROPERTIES INC		X
HEALTH FIRST INC	X	
HOSPICE OF HEALTH FIRST INC	X	
HOLMES REGIONAL MEDICAL CENTER IN	X	
HEALTH FIRST HOLDING CORP AND SUBS		X
HEALTH FIRST FOUNDATION INC	X	