

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000054

**Entity Name:** HEALTH FIRST HEALTH PLANS, 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:** 47-2736029

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name JOHNSON, STEVEN P.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VC  
Name RECTOR, DREW A.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name PRESTWOOD, ALAN C. M.D.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

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

Title ASSISTANT SECRETARY  
Name ROMANELLO, NICHOLAS  
Address 6450 US HWY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DST  
Name SCIALDONE, MICHAEL A  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, PRESIDENT, CEO  
Name GERRELL, MATTHEW F.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name HENRY, ROBERT  
Address 6450 US HIGHWAY 1  
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 W. ROMANELLO

**ASSISTANT SECRETARY 06/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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