

2019 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	Title	VC, DIRECTOR, PRESIDENT, CEO
Name	JOHNSON, STEVEN P.	Name	RECTOR, DREW A.
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	TREASURER, DIRECTOR, SECRETARY	Title	DIRECTOR
Name	FELKNER, JOSEPH G.	Name	PRESTWOOD, ALAN C. M.D.
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	ASSISTANT SECRETARY
Name	LEATHERBY, FRANK	Name	ROMANELLO, NICHOLAS
Address	6450 US HIGHWAY 1	Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

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: DREW RECTOR

PRESIDENT

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date