

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006151

Entity Name: HEALTH FIRST COMMERCIAL PLANS, INC.**Current Principal Place of Business:**6450 U.S. HWY. 1
ROCKLEDGE, FL 32955**Current Mailing Address:**6450 U.S. HWY. 1
ROCKLEDGE, FL 32955 US**FEI Number: 82-1866443****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ
6450 U.S. HWY. 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	CD
Name	JOHNSON, STEVEN P
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	PDCEO
Name	RECTOR, DREW A
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	TD
Name	FELKNER, JOSEPH G.
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	AS
Name	ROMANELLO, NICHOLAS W ESQ
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	STALNAKER, JEFFREY C M.D.
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	VC
Name	RECTOR, DREW A
Address	6450 U.S. HWY. 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	DETTMER, DALE
Address	6450 U.S. HWY. 1
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 A. RECTOR**CEO****04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date