

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079172

Entity Name: HEALTH FIRST INSURANCE, INC.**Current Principal Place of Business:**6450 US HWY 1
ROCKLEDGE, FL 32955**Current Mailing Address:**6450 US HWY 1
ROCKLEDGE, FL 32955 US**FEI Number:** 45-3131932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ.
6450 US 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:** NICHOLAS W. ROMANELLO

04/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name LETHERBY, FRANK S.
Address 6450 U.S HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name PRESTWOOD, ALAN L.
Address 6450 U.S. HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER
Name ESROCK, BRETT A.
Address 6450 US HWY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, PRESIDENT
Name GERRELL, MATTHEW F.
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

Title DIRECTOR
Name DETTMER, DALE A.
Address 6450 US HIGHWAY 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS W. ROMANELLO

SECRETARY

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date