

2017 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:**MATHIAS, DAVID E
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIR, DIRECTOR
Name	JOHNSON, STEVEN P
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DT
Name	FELKNER, JOSEPH G
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	AS
Name	MATHIAS, DAVID E
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	DIRECTOR
Name	EDDY, CATHY
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	FORD, CATHERINE A.
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	DIRECTOR, SECRETARY
Name	POPOWYCZ, ALEXANDER
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: DREW A. RECTOR**PRESIDENT****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date