2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2014
Secretary of State
CC2423146109

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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

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

Title	PRESIDENT/CEO, SECRETARY, DIRECTOR
Name	GRIESE, EDWARD R.
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	DT
Name	FELKNER, JOSEPH G
Address	6450 US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	DIRECTOR
Name	RONALDSON, JAMES M. M.D.
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

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: EDWARD R. GRIESE PRESIDENT/CEO 03/17/2014

Electronic Signature of Signing Officer/Director Detail — Date