

# N17000006150

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

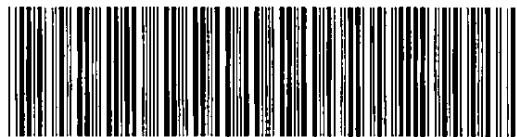
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100300660611

10/06/2017 10:00:00 AM

FILED  
JUL 12 2017  
CLERK OF COURT  
JUL 12 2017

*Amend*

JUL 12 2017

D. CUSUMANO

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NewCo Health First Administrative Plans, Inc.

DOCUMENT NUMBER: N17000006150

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Nowakowski

(Name of Contact Person)

Health First, Inc.

(Firm/ Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City/ State and Zip Code)

kimberly.nowakowski@health-first.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Nowakowski

at

321

434-4378

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

FILED  
CORPORATE STATE  
JAN 10 2006  
147

Articles of Amendment  
to  
Articles of Incorporation  
of

NewCo Health First Administrative Plans, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000006150

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Nicholas W. Romanello, Esq.

6450 US Highway 1, Rockledge, FL 32955

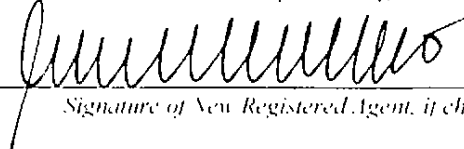
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title

P = President, V = Vice President, T = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman or Clerk, CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CD</u>	<u>Steven P. Johnson</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PDC/EO</u>	<u>Drew A. Rector</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Cathy Ford</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Joseph G. Felkner</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Nicholas W. Romanello, Esq.</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Cathy Eddy</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>

Page 2(a)

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <u>X</u> Add	D	Jeffrey C. Stalnaker, M.D.	6450 US Highway 1 Rockledge, FL 32955
8) <u>X</u> Add	VC	Drew A. Rector	6450 US Highway 1 Rockledge, FL 32955

**F. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary) - (Be specific)

[illegible]

The date of each amendment(s) adoption: 6-9-17, if other than the date this document was signed.

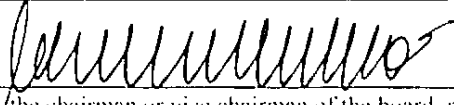
Effective date if applicable: 6-9-17  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6/20/17

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Nicholas W. Romanello, Esq.

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)