

P11000079172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

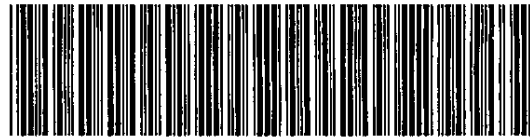
(Business Entity Name)

(Document Number)

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04/26/13--01039--024 \*\*35.00

O/D  
Resign.

5/3/13

DC

13 APR 26 PM 1:59

FILED

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Health First Insurance, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000079172

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kim Nowakowski**

(Name of Person)

**Heath First Insurance, Inc.**

(Name of Firm/Company)

**6450 US Highway 1**

(Address)

**Rockledge, FL 32955**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kim Nowakowski**

(Name of Person)

at ( **321** ) **434-4378**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

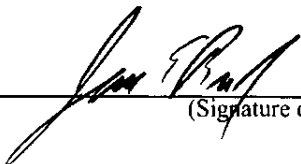
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, James Beermann, hereby resign as Vice President  
(Title)

of Health First Insurance, Inc.  
(Name of Corporation)

P11000079172, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
13 APR 26 PM 1:59

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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