

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # P95000040318 (4)

1. Corporation Name

HEALTH FIRST HMO, INC.

Principal Place of Business

**8247 DEVEREAUX DRIVE
SUITE 103
VIERA FL 32940**

Mailing Address

**8247 DEVEREAUX DRIVE
SUITE 103
VIERA FL 32940**

2. Principal Place of Business

21 **8247 Devereux Dr**

Suite, Apt. #, etc.

22 **Suite 103**

City & State

23 **Melbourne FL**

Zip

24 **32940**

Country

25

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BARCLAY, JAMES M
131 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

4. FEI Number

59-3315064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Walter T. Rose, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

101 N. Atlantic Ave

83

84 City

Cocoa Beach

FL

85 Zip Code

32932

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0195, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering.)

11/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D
BARCLAY, JAMES M
131 N GADSDEN STREET
TALLAHASSEE FL 32301**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96

DATE

407/752-4600

DAYTIME PHONE #

CR2E034 (12/95)