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, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000040318 (4) **DOCUMENT #**

FILED Mar 05 1996 8:00 am Secretary of State

| HEAL | TH FIRST HMO, INC. | | | | | |
|---|---|--|--|---|---|---|
| Principal Place of Business Mailing Address 8247 DEVEREAUX DRIVE 8247 DEVEREAUX DRI SUITE 103 SUITE 103 VIERA FL 32940 VIERA FL 32940 | | | DRIVE | | | |
| | | | | 3. Date incorporated or Qualified 05/22/1995 | 3a. Date of Last Re | port |
| 2. Principal Pla 21 82 47 Suite, Apt. # | Ocuereux Dr | 2a. Mailing Address 26 Sign 1 Suite, Apl. #, etc. | د | 4. FEI Number 59-33/504 | 94 | applied For lot Applicable Additional |
| 22 Suit | e 103 | 27 | | 5. Certificate of Status Desired | | Required |
| City & State | bourne FC | City & State | | Election Campaign Financing Trust Fund Contribution | | May Be I to Fees |
| Zφ 24 31.94° | Country | Zip | Gountry 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s | 199.032, |
| 24 32 94 | 25 25 Name and Address of Curren | 29 29 Anent | | 10. Name and Address of New F | | |
| 131 NO TALLAI | AY, JAMES M DRTH GADSDEN STREET HASSEE FL 32301 | | 83 84 City C 3. | valter T. Rose dress (P.O. Box Number is Not Acceptal I. N. Atlant. Auce Land Beach | FL 85 Z _I C | Code 2 73 Z |
| | | ? and 607.1508. Fiorida Statu | ites, the above-named corp- | oration submits this statement for the pu | irpose of changing its re | egisterea omce |
| SIGNATURE _ | ad agent, or both, in the State of Floring agent, or both, in the State of Floring agent of Floring agent of Floring agent of Floring agent OFFICERS AN | tand fe if applicate. (N | Ites, the above-named corp- ized by the corporation's books. Off: Fegisland Agent signature of a | oration submits this statement for the puarrd of directors. I hereby accept the applicatives renders. ADDITIONS/CHANGES TO OFF | 1/15-/96 DATE | |
| SIGNATURE _ | Signature, typed or printed nerve of regulared agret OFFICERS AN | t and the it applicative (N | ICTE Pegistered Agent signature requi | irod when rengisting. | 1/15-/96 DATE | |
| SIGNATURE | OFFICERS AN BARCLAY, JAMES M 131 N GADSDEN STREET | tand fe if applicate. (N | ### T3. 1.1 TBLE 1.2 NAM 1.3 STREEL ADDRESS | irod when rengisting. | DATE PICERS AND DIRECTO | RS IN 12 |
| SIGNATURE | OFFICERS AN BARCLAY, JAMES M | tand fe if applicate. (N | ### 13. 1.1 TBLE 1.2 NAM(1.3 STREE! ADDRESS 1.4 CITY ST-ZIP | liod ผาล่า หากอัสหาฐ ADDITIONS/CHANGES TO OF | DATE PICERS AND DIRECTO | RS IN 12 |
| SIGNATURE | OFFICERS AN BARCLAY, JAMES M 131 N GADSDEN STREET | Land fell applicate (N. D. DINSCIORS) | ### 13. 1.1 TBLE 1.2 NAM(1.3 STREE! ADDRESS 1.4 CITY ST-ZIP | liod ผาล่า หากอัสหาฐ ADDITIONS/CHANGES TO OF | U/15-/96 DIATE FICERS AND DIRECTO ☐ Change | RS IN 12 |
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roo hereby cert is that the information indicated on this angual report or suppliemental 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 changes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/252-4600 Plantine Phone #