FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000040318 (4)**

1. Corporation Name
HEALTH FIRST HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
8247 DEVEREUX DRIVE SUITE 103 MELBOURNE FL 32940 US	8247 DEVEREUX DRIVE SUITE 103 MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3315064 ☐ Applied For ☐ Not Applicable
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATHIAS, DAVID E. 8249 DEVEREUX DRIVE MELBOURNE FL 32940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SENNE, JERRY		1.2 NAME		
STREET ADDRESS	8247 DEVEREUX DRIVE STE 103		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARRISON, LARRY F		2.2 NAME		
STREET ADDRESS	8249 DEVEREUX DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, WILLIAM T		3.2 NAME		
STREET ADDRESS	8247 DEVEREUX DRIVE - SUITE 103		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	GALLOWAY, ROBERT C		4.2 NAME		
STREET ADDRESS	8247 DEVEREUX DRIVE		4.3 STREET ADDRESS	8249 Devereux Drive	
CITY-ST-ZIP	MELBOURNE FL 32940		4.4 CITY-ST-ZIP	Melbourne, FL 32940-7955	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ President 3/20/98 [407] 953-5600