2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90001 044 ***150.00

400172

02132006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000040318

1. Entity Name
HEALTH FIRST HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
6450 US HWY #1 ROCKLEDGE, FL 32955 US	6450 US HWY #1 ROCKLEDGE, FL 32955 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3315064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHIAS, DAVID E. 6450 US HWY, #1 ROCKLEDGE, FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SENNE, JERRY 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, WILLIAM T 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALLOWAY, ROBERT C 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELLEGRINO, NICHOLAS E 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STALNAKER, JEFFREY C 6450 US HWY , #1 ROCKLEDGE, FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD GARRISON, LARRY F 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David E Mathias David E. Mathias, AS 2/13/06 321/434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

H0017257

PAGE 2
DOCUMENT # P95000040318
HEALTH FIRST HEALTH PLANS, INC.
2006 NOT PROFIT CORPORATION ANNUAL REPORT

TITLE	D	ADDITION
NAME	ATKINSON, ANDREW M. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	BANEY, RICHARD JR. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	LAIRD, ROSEMARY D. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	LEVINE, RICHARD M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	THEODOTOU, BASIL C. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DC	ADDITION
NAME	KETCHAM, RODNEY S.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	MEANS, MICHAEL D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	ADDITION
NAME	HANEY, MARGARET	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	AS	ADDITION
NAME	MATHIAS, DAVID E.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	WEISS, PETER J. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	COLLINS, JOSEPH L. M.D.	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	KENNARD, BETTY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	HANDA, ANGELA	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	EYRING, JOY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	