2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90175 034 ***150.00

DOCUMENT # P95000040318

1. Entity Name
HEALTH FIRST HEALTH PLANS, INC.

40059941

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

04042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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, 2007 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 D NAME STREET ADDRESS CITY-ST-ZIP	ANDREW M ATKINSON MD 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, WILLIAM T 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RICHARD BANEY JR MD 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALLOWAY, ROBERT C 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ROSEMARY D.LAIRD MD 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELLEGRINO, NICHOLAS E 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE DC NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS E PELLEGRINO 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD GARRISON, LARRY F 6450 US HWY , #1 ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME D STREET ADDRESS CITY-ST-ZIP	RICHARD LEVINE MD 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BASIL C. THEODOTOU MD 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	☐ 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 Assistant Secretary (321)434-4355 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40059941

TITLE	DVC	ADDITION
NAME	LARRY F GARRISON	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	ADDITION
NAME	MICHAEL D MEANS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	ADDITION
NAME	MARGARET HANEY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	AS	ADDITION
NAME	DAVID E MATHIAS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	PETER J WEISS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	JOSEPH L COLLINS	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	ANGELA HANDA	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	ADDITION
NAME	JOY EYRING	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE FL 32955	