

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 029 ***150.00

DOCUMENT # P95000040318

1. Entity Name
HEALTH FIRST HEALTH PLANS, INC.



40071746

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

Mailing Address
6450 US HWY #1
ROCKLEDGE, FL 32955 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01282008 Chg-P CR2E034 (12/06)

City & State
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
MATHIAS, DAVID E.
6450 US HWY, #1
ROCKLEDGE, FL 32955

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CEOSD Weiss, Peter, M.D. ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955
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	ASD Mathias, David E. ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955
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	D Senne, Jerry ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PELLEGRINO, NICHOLAS E 6450 US HWY, #1 ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fischer, Russell E. ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955
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	VP Collins, Joseph L. M.D. ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODOTOU, BASIL C MD 6450 US HWY 1 ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Handa, Angela ☐ Change ☒ Addition 6450 US Hwy 1 Rockledge, FL 32955

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 4/8/08 3214344355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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HEALTH/FIRST HEALTH PLANS, INC.
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ATTACHMENT

TITLE	D	ADDITION
NAME	ATKINSON, ANDREW M. MD	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

TITLE	D	ADDITION
NAME	BANEY, RICHARD JR MD	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

TITLE	D	ADDITION
NAME	LAIRD, ROSEMARY D. MD	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

TITLE	D	ADDITION
NAME	LEVINE, RICHARD MD	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

TITLE	VP	ADDITION
NAME	GILBERT, JOY	
STREET ADDRESS	6450 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	