

P95000040318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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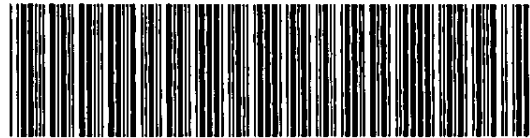
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2013
T. ROBERTS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health First Health Plans, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P95000040318

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Nowakowski

(Name of Person)

Heath First Health Plans, Inc.

(Name of Firm/Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Nowakowski

(Name of Person)

at (321) 434-4378

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

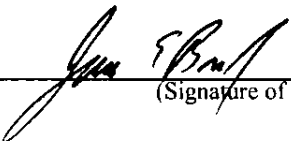
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED
APR 26 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, James Beermann, hereby resign as Vice President
(Title)

of Health First Health Plans, Inc.
(Name of Corporation)

P95000040318, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314