## P95000040318

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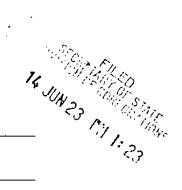
Andro Mandra

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	Health Firs ER: P9500004031		nc.	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Kim Nowakowski			
	1	Name of Contact Person	n	
	Health First, Inc.			
•		Firm/ Company		
	6450 US Highwa	y 1		
•		Address	· · · · · · · · · · · · · · · · · · ·	
	Rockledge, FL 32	2955		
		City/ State and Zip Cod	e	
kim	harly nawakawak	i@boolth first or	· a	
KIII	berly.nowakowsk	sed for future annual report	•	
	E-man address. (to be us	sed for future annual report	nonneation)	
For further information	concerning this matter, pleas	se call:		
Kim Nowakov	wski	at (321	, 434-4378	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment **Articles of Incorporation** $\mathbf{of}$



## Health First Health Plans, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000040318

dment(s) to

(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	ndme
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ation n the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(Ciţ·) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	James M. Ronaldson, M.D.	6450 US Highway 1
Add				Rockledge, FL 32955
Remove				
2) Change		_		
Add				
Remove				
3) Change	<del></del>	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	**************************************	
Add				
Remove				

Attach <i>addii</i>	g or adding add tional sheets, if i	1ecessary). (	Be specific)	estal nelle.			
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lfan amene	dment provides	for an eychan	ga radossifi	eation or can	callation of ice	and shares	
provisions	for implementi applicable, indi	ing the amendi	ment if not co	ontained in th	e amendment i	tself:	
(y nor	аррисиме, так	-tate 11771)					
				•		· · ·	
				<u> </u>			

date this document was signed.	) adoption:	, if other than ti
Effective date <u>if applicable</u> :	lune 10, 2014	
<u> </u>	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	and the second
	(voting group)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.  Dated	6/11/14	
Signature	Woul & Yallo	
	a director, president or other officer - if directors or officers have not been	
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	David E. Mathias	
	(Typed or printed name of person signing)	<del></del>
	Assistant Secretary	
	(Title of person signing)	