

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90659 046 ***150.00

DOCUMENT # P95000040318

1. Entity Name
HEALTH FIRST HEALTH PLANS, INC.



Principal Place of Business
8247 DEVEREUX DRIVE
SUITE 103.
MELBOURNE FL 32940
US

Mailing Address
8249 DEVEREUX DRIVE
MELBOURNE FL 32940
US

2. Principal Place of Business
6450 U.S. Hwy #1

3. Mailing Address
6450 U.S. Hwy #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number
59-3315064

Applied For
Not Applicable

Zip
32955
Country
USA

Zip
32955
Country
USA

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.
8249 DEVEREUX DRIVE
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)
6450 U.S. Hwy #1

City **Rockledge** **FL** **Zip Code** **32955**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **SENNE, JERRY**
STREET ADDRESS **8247 DEVEREUX DRIVE STE 103**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **6450 U.S. Hwy #1**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **D** ☐ **Delete**
NAME **BRENNAN, WILLIAM T**
STREET ADDRESS **8247 DEVEREUX DRIVE - SUITE 103**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **6450 U.S. Hwy #1**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **TD** ☐ **Delete**
NAME **GALLOWAY, ROBERT C**
STREET ADDRESS **8249 DEVEREUX DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **6450 U.S. Hwy #1**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **CD** ☐ **Delete**
NAME **PELLEGRINO, NICHOLAS E**
STREET ADDRESS **8247 DEVEREUX DRIVE SUITE 103**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **6450 U.S. Hwy #1**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **D** ☒ **Delete**
NAME **DANA, GARY C**
STREET ADDRESS **8247 DEVEREUX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ **Change** ☒ **Addition**
NAME **VCD**
STREET ADDRESS **STALNAKER, JEFFREY C.**
CITY-ST-ZIP **6450 U.S. Hwy #1**
Rockledge, FL 32955

TITLE **D** ☐ **Delete**
NAME **GARRISON, LARRY F**
STREET ADDRESS **8247 DEVEREUX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **Change** ☐ **Addition**
NAME **STALNAKER, JEFFREY C.**
STREET ADDRESS **6450 U.S. Hwy #1**
CITY-ST-ZIP **Rockledge, FL 32955**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

3/13/03

321

434-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

700 28904

P95000040318

HEALTH FIRST HEALTH PLANS, INC. 2003 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name	D ☐ Delete KETCHAM, RODNEY S.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	D ☐ Delete MAGUIRE, MICHAEL F.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	D ☐ Delete MEANS, MICHAEL D.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	D ☒ Delete MOORE, RODNEY R.	Title Name	D ☐ Change ☒ Addition LEVINE, RICHARD
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	6450 U.S. HWY #1
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	ROCKLEDGE, FL 32955
Title Name	D ☐ Delete THEODOTOU, BASIL C.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	D ☒ Delete PALERMO, JAMES V.	Title Name	D ☐ Change ☒ Addition BANEY, RICHARD JR.
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	6450 U.S. HWY #1
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	ROCKLEDGE, FL 32955
Title Name	AS ☐ Delete MATHIAS, DAVID E.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete HANEY, MARGARET	Title Name	☒ Change ☐ Addition 6450 U.S. Hwy #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	Rockledge, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete WEISS, PETER J.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete COLLINS, JOSEPH L.	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete PETERSON, BECKY	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete CONNOLLY, MICHAEL	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	
Title Name	V ☐ Delete KENNARD, BETTY	Title Name	☒ Change ☐ Addition 6450 U.S. HWY #1
Street Address	8247 DEVEREUX DRIVE SUITE 103	Street Address	ROCKLEDGE, FL 32955
City - ST - Zip	MELBOURNE, FL 32940	City - ST - Zip	