FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** P95000040324 (2) DOCUMENT # HEALTH FIRST HEALTH PLANS, INC. Principal Place of Business Mailing Address 8247 DEVEREAUX DRIVE SUITE 103 8247 DEVEREAUX DRIVE SUITE 103 VIERA FL 32940 VIERA FL 32940 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 2. Principa' Place of Business 2a. Mailing Address Applied For 8247 Devereux -3314998 50 1114 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 1.3 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 29 30 Florida Statutes Yes Alor 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Walter T. Rose Tr Street Address (P.O. Box Number is Not Acceptable) BARCLAY, JAMES M 131 N GADSDEN STREET 101 N. Atlantic TALLAHASSEE FL 32301 83 Cocoa 84 Zip Code 32932 Beach 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 107.0505, Florida Statutes. (NOTE: Ragistered Agrint signature required when reinstating) OFFICERS AND DIREC OBS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 4 DELETE 1.1 TITLE Change Addition BARCLAY, JAMES M 1.2 NAME 131 N GADSDEN STREET STREET ACCRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32301 CHTY+ST ZIP 1.4 CITY - ST- ZIP President DELETE President 10 60 2 1 TITLE Change Addition Jerry Senne 1311 Chickester St Jerry Senne 1316 Chichester St 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 011Y-S1-7IP orlando FC 32803 Orlando FC 32803 24 CITY - ST - ZIP DELETE 3 1 THILE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS. 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP DELETE 4.1 TITLE Addition 4.2 NAME STEEL LADDRESS 4.3 STREET ADDRESS CHTY-ST ZIP 4.4 CITY - ST- 2IP DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 0:1Y - \$1 - 7IP 54 CHTY - ST - ZIP DELETE Change 6 1 THILE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under call; 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 12 or Block 13 if changed or on an extraction or the receiver of the corporation or the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

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TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

407-752-4600

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