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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040324 (2)

HEALTH FIRST HEALTH PLANS, INC.

Principal Place of Business 8247 DEVEREUK DRIVE SUITE 103 MELBOURNE FL 32940 US 2. Principal Place of Business					Mailing Address 8247 DEVEREAUX DRIVE SUITE 103 VIERA FL 32940-7955							3. Date Incorporated or Qualified 05/22/1995					
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21 0247 Suite, Apt. 4				26	Suite, Apt		GUX		IV	<u> </u>		38 00 1	7000				Additional
22 Suite				27	Suite							5. Certificate	of Status	Desired			Additional lequired
City & State Melbourne, FL				28	City & State 28 Melbourne, FL							6. Election C	ampaign I	-			May Be to Fees
		Cou	ntrv	- 20	Zip	<u> </u>		Country				8. This corp					
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	E, WALTER		ALEMAN DE		, , , , , , , , , , , , , , , , , , ,						David E. Mathias						
101 NORTH ATLANTIC AVENUE					8				St	reet Ad	et Address (P.O. Box Number is Not Acceptable) 8249 Devereux Drive						
COC	oa Beach	1 FL 329	332					L_			82	49 Deve	ereux	Drive			
								83									
								84	Ci	itv		·				85 Zip	Code
									~	,,,	Me	elbourne	•		FL		32940
11. Pursuant t	to the provis	ons of S	ections 607.050	02 and 6	07 1508, F	lorida Statu	ites, the	abov	e-na	med co	orpora	ation submits	this statem	ent for the p	urpose o	changing	its registered
office or re	egistered ag	ent, or b	oth, in the State others of the others	of Floric	da. Such <u>c</u>	hange was	author	ized by	y the	corpoi	ration	's board of di	rectors. I h	ereby accer	ot the app	pointment a	s registered
agent, i ai	ir iariilla w	1/100		2	r Declion o		ionica c)(alulo	S .	D	avi	d E. M	athias		1/3/	0/97	
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Lam an ol appears i	ifficer or dire in Block 12 c	ictor of th or Block	ie corporation o 13 if gliangen, c	or the rec or on an	eiver or tru attachmeni	istee empo Lwith an ac	wered ddress.	to exec	cute	this rep	port a	is required by	Chapter 6	w/, Florida S	statutes; a	and that my	name

appears in Block 12 or Block 13 if gliangeli, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE Davis PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davis PRODUCTION

1/29/97