2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2015
Secretary of State
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Entity Name: HEALTH FIRST GOVERNMENT PLANS, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

FEI Number: 47-2736029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR
Name	JOHNSON, STEVEN P.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	PRESIDENT, COO, SECRETARY, DIRECTOR
Name	GRIESE, EDWARD R.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	ASST. SECRETARY
Name	MATHIAS, DAVID E.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	EDDY, CATHY
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	VC, DIRECTOR
Name	RECTOR, DREW A.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	TREASURER, DIRECTOR
Name	FELKNER, JOSEPH G.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	STALNAKER, JEFFREY C. M.D.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	FORD, CATHERINE A.
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD R. GRIESE PRESIDENT 03/20/2015

Electronic Signature of Signing Officer/Director Detail — Date