

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006151

**Entity Name:** HEALTH FIRST COMMERCIAL PLANS, INC.

**Current Principal Place of Business:**

6450 U.S. HWY. 1  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

6450 U.S. HWY. 1  
ROCKLEDGE, FL 32955 US

**FEI Number: 82-1866443**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROMANELLO, NICHOLAS W ESQ  
6450 U.S. HWY. 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 CD  
Name JOHNSON, STEVEN P  
Address 6450 U.S. HWY. 1  
City-State-Zip: ROCKLEDGE FL 32955

Title PDCEO  
Name RECTOR, DREW A  
Address 6450 U.S. HWY. 1  
City-State-Zip: ROCKLEDGE FL 32955

Title TD  
Name FELKNER, JOSEPH G.  
Address 6450 U.S. HWY. 1  
City-State-Zip: ROCKLEDGE FL 32955

Title AS  
Name ROMANELLO, NICHOLAS W ESQ  
Address 6450 U.S. HWY. 1  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name STALNAKER, JEFFREY C M.D.  
Address 6450 U.S. HWY. 1  
City-State-Zip: ROCKLEDGE FL 32955

Title VC  
Name RECTOR, DREW A  
Address 6450 U.S. HWY. 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: DREW RECTOR**

**CEO**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date