

2021 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 AS
Name ROMANELLO, NICHOLAS W ESQ
Address 6450 U.S. HWY. 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR, SECRETARY,
TREASURER
Name SCIALDONE, MICHAEL A
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR, PRESIDENT, CEO
Name GERRELL, MATTHEW F.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

Continues on page 2

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: NICHOLAS W. ROMANELLO

ASSISTANT SECRETARY 03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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