

2023 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 SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ
Address 6450 U.S. HWY. 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER
Name ESROCK, BRETT A.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

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

Title DIRECTOR
Name PATRICK, KIM K.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR
Name DETTMER, DALE 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: NICHOLAS W. ROMANELLO

SECRETARY

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date