2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2013
Secretary of State
CC8125915509

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Entity Name: HEALTH FIRST HEALTH PLANS, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: 59-3315064

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	CD
Name	PELLEGRINO, NICHOLAS E
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	VP
Name	BEERMAN, JAMES
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	BRADY, JENNIFER MD
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	TD
Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY
City-State-Zip:	ROCKLEDGE FL 32955

Title	AS
Name	MATHIAS, DAVID E
Address	6450 US HIGHWAY
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	PITTMAN, ROBIN
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN P. JOHNSON PRESIDENT 03/19/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	WEINTRAUB, ANDREW
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	SHAW, JAMES C
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	PRUETT, KEVIN
Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955