

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010907

Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANS FOUNDATION, INC.

FILED
Apr 10, 2022
Secretary of State
1393147909CC

Current Principal Place of Business:

200 WEST COLLEGE AVENUE
SUITE 104
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 10748
TALLAHASSEE, FL 32302

FEI Number: 43-2112653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, AUDREY S.
200 WEST COLLEGE AVENUE
SUITE 104
TALLAHASSEE, FL 32301 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: AUDREY S. BROWN

04/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BROWN, AUDREY S.
Address 200 WEST COLLEGE AVE, SUITE 104
City-State-Zip: TALLAHASSEE FL 32301

Title S
Name TRONCOSO, WENCESLAO B.
Address 200 WEST COLLEGE AVE, SUITE 104
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name TINALL, JEFFREY
Address 900 COTTAGE GROVE RD
B6LPA
City-State-Zip: HARTFORD CT 06152

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: AUDREY BROWN

PRESIDENT & CEO

04/10/2022

Electronic Signature of Signing Officer/Director Detail

Date