

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058220

Entity Name: HEALTHSPRING OF FLORIDA, INC.

Current Principal Place of Business:

8600 NW 41ST STREET, SUITE 201
DORAL, FL 33166

Current Mailing Address:

8600 NW 41ST STREET, SUITE 201
DORAL, FL 33166 US

FEI Number: 65-1129599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT, DIRECTOR
Name YOUNG, SHEFFIELD
Address 8600 NW 41ST STREET, SUITE 201
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name KRISHTUL, ANNA
Address 8600 NW 41ST STREET, SUITE 201
City-State-Zip: DORAL FL 33166

Title TREASURER
Name LAMBERT, SCOTT
Address 8600 NW 41ST STREET, SUITE 201
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MARILL-KIRKPATRICK, MERCY
Address 8600 NW 41ST STREET, SUITE 201
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name VEGA, ALINA
Address 8600 NW 41ST STREET, SUITE 201
City-State-Zip: DORAL FL 33166

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: ANNA KRISHTUL

SECRETARY

04/20/2019

Electronic Signature of Signing Officer/Director Detail

Date