

2017 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

FILED
Apr 22, 2017
Secretary of State
CC9644951629

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 CHAIRMAN OF THE BOARD/PRESIDENT
Name HERNANDEZ, HENRY
Address 8600 NW 41ST STREET SUITE 201
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name KIRKPATRICK, MERCY MARILL
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

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

Title SECRETARY
Name SANDERS, BRENT
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: BRENT SANDERS

SECRETARY

04/22/2017

Electronic Signature of Signing Officer/Director Detail

Date