## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084590

Entity Name: PLANSOURCE BENEFITS ADMINISTRATION, INC.

**FILED** Mar 24, 2025 **Secretary of State** 6058820361CC

## **Current Principal Place of Business:**

122 W. PINE STREET SUITE 203

ORLANDO, FL 32801

## **Current Mailing Address:**

122 W. PINE STREET SUITE 203 ORLANDO, FL 32801 US

FEI Number: 55-0800751 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

City-State-Zip:

City-State-Zip:

Name

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

MORINI, MIKE

**DIRECTOR** 

CEO Title Title GENERAL COUNSEL, CHIEF

COMPLIANCE OFFICER, SECRETARY

AND DIRECTOR

ORLANDO FL 32801

Address 122 W. PINE STREET ZADOR, JENNIFER Name

SUITE 203

122 W. PINE STREET Address

City-State-Zip:

ORLANDO FL 32801 SUITE 203

MORINI, MICHAEL Name

Title **CFO** 122 W. PINE STREET Address

Name STOCKARD, TODD MICHAEL SUITE 203

Address 122 W. PINE STREET

ORLANDO FL 32801 SUITE 203

> City-State-Zip: ORLANDO FL 32801

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: JENNIFER ANNE ZADOR

**SECRETARY** 

03/24/2025