

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048800

Entity Name: HEALTHSUN HEALTH PLANS, INC.

Current Principal Place of Business:

3250 MARY STREET
SUITE 400
COCONUT GROVE, FL 33133

Current Mailing Address:

3250 MARY STREET
SUITE 400
COCONUT GROVE, FL 33133 US

FEI Number: 20-0982649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 SECRETARY
Name KIEFER, KATHLEEN S.
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, TREASURER
Name SCHER, VINCENT E.
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT, DIRECTOR
Name OROZCO, TOMAS I.
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title CHIEF MEDICAL DIRECTOR
Name BARRIAL, RAFAEL A.
Address 3250 MARY STREET
SUITE 400
City-State-Zip: COCONUT GROVE FL 33133

Title RISK MANAGER
Name DUARTE, ANTHONY
Address 3250 MARY STREET
SUITE 400
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name YOUNG, JACK L
Address 4425 CORPORATION LANE
City-State-Zip: VIRGINIA BEACH VA 23462

Title ASST. SECRETARY
Name PAPOULIS, STEPHANIE R
Address 3250 MARY STREET
SUITE 400
City-State-Zip: COCONUT GROVE FL 33133

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: KATHLEEN S. KIEFER

SECRETARY

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date