

**2019 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:** Yes

**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 DIRECTOR  
Name KELAGHAN, CATHERINE I.  
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 VP  
Name DUARTE, EFRAIN P.  
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**

**01/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date