

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048800

Entity Name: HEALTHSUN HEALTH PLANS, INC.

FILED
Apr 26, 2022
Secretary of State
5629820209CC

Current Principal Place of Business:

9250 W. FLAGLER STREET
SUITE 600
MIAMI, FL 33174

Current Mailing Address:

9250 W. FLAGLER STREET
SUITE 600
MIAMI, FL 33174 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 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title DIRECTOR, TREASURER
Name SCHER, VINCENT E.
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title ASSISTANT TREASURER
Name NOBLE, ERIC K
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title RISK MANAGER
Name DUARTE , ANTHONY A
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title DIRECTOR
Name YOUNG, JACK L
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title ASST. SECRETARY
Name PAPOULIS, STEPHANIE R
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title PRESIDENT, DIRECTOR
Name JOHNSON, DOUGLAS J
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title VALUATION ACTUARY
Name SMITH , RENEE H
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

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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: LEON, GUSTAVO

STAFF

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title STAFF
Name LEON, GUSTAVO
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174