

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041597

Entity Name: SUNSHINE STATE HEALTH PLAN, INC.

Current Principal Place of Business:

1700 N UNIVERSITY DRIVE
PLANTATION, FL 33322

Current Mailing Address:

7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105 US

FEI Number: 20-8937577

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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 VICE PRESIDENT OF TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name SCHWANEKE, JEFFREY A
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title CHAIRMAN, DIRECTOR
Name ADAMS, NELSON MD
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY
Name KOSTER, CHRISTOPHER A.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name PERDUE, TAMELA
Address 1301 INTERNATIONAL PKWY.
STE. 400
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT, CEO, DIRECTOR
Name MILLER, ELIZABETH
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name BERMAN, ANDY
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name BRONTE-HALL, LANETTA
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

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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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FABRIZI, TRACI
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name PATEL, RAJIV
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name SENIOR, JUSTIN
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name GARDAM, JOSEPH
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name PRPICH, JOHN
Address 1700 N UNIVERSITY DRIVE
City-State-Zip: PLANTATION FL 33322