

**2022 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 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 LANDSBAUM, NATHAN  
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

Title TREASURER, DIRECTOR  
Name FABRIZI, TRACI  
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

**Continues on page 2**

*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

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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