

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075668

Entity Name: SIMPLY HEALTHCARE PLANS, INC.

Current Principal Place of Business:

9250 W FLAGLER STREET
SUITE 600
MIAMI , FL 33174

FILED
May 01, 2019
Secretary of State
0177882192CC

Current Mailing Address:

220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US

FEI Number: 27-0945036

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: JAMES M. HALPIN

05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT AND CEO
Name RIVAS, LOURDES
Address 9250 W FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title DIRECTOR
Name KELAGHAN, CATHERINE I.
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title 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 CFO
Name PRINCE, HOLLY JEAN
Address 9250 W FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title CHIEF MEDICAL OFFICER
Name PANTONE, VINCENT
Address 4343 ANCHOR PLAZA PARKWAY
City-State-Zip: TAMPA FL 33634

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

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date