

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000083336

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**2842704190CC**

**Entity Name:** DEVOTED HEALTH PLAN OF FLORIDA, INC.

**Current Principal Place of Business:**

880 SOUTHWEST 145TH AVENUE SUITE 202  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

880 SOUTHWEST 145TH AVENUE SUITE 202  
PEMBROKE PINES, FL 33027 US

**FEI Number: 82-3758085**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 DIRECTOR, CO-CFO  
Name ALFANO, JOSEPH  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name DELINSKY, JEREMY  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title COO  
Name HENRY, LAWRENCE  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY  
Name JERNIGAN, PAUL  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name PARK, ED  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name PARK, TODD  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title APPOINTED ACTUARY  
Name QUINN, DAN  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title CEO, PRESIDENT, DIRECTOR  
Name QUINTANA, DARIEL  
Address 880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

**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: DARIEL QUINTANA**

**PRESIDENT**

**01/10/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            MEDICAL DIRECTOR  
Name            WAGLE, NEIL  
Address        880 SOUTHWEST 145TH AVENUE SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027

Title            CO-CFO  
Name            YALE, W. BRADLEY  
Address        880 SOUTHWEST 145TH AVENUE  
                 SUITE 202  
City-State-Zip: PEMBROKE PINES FL 33027