## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083336

Entity Name: DEVOTED HEALTH PLAN OF FLORIDA, INC

**Current Principal Place of Business:** 

MIRAMAR, FL 33027

3350 SW 148TH AVENUE, SUITE 110

## **Current Mailing Address:**

3350 SW 148TH AVENUE, SUITE 110 MIRAMAR, FL 33027 US

FEI Number: 82-3758085 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

**FILED** Feb 11, 2019

**Secretary of State** 

5346150746CC

## Officer/Director Detail:

Title DIRECTOR Title DIRECTOR PARK, TODD Name PARK, EDWARD Name

3350 SW 148TH AVE STE 110 3350 SW 148TH AVE STE 110 Address Address

City-State-Zip: MIRAMAR FL 33027 MIRAMAR FL 33027 City-State-Zip:

Title DIRECTOR, SECRETARY Title DIRECTOR, PRESIDENT Name DELINSKY, JEREMY Name QUINTANA, DARIEL

Address 3350 SW 148TH AVE STE 110 Address 3350 SW 148TH AVENUE, SUITE 110

MIRAMAR FL 33027 City-State-Zip: City-State-Zip: MIRAMAR FL 33027

ASSOCIATE GENERAL COUNSEL Title Title DIRECTOR, TREASURER

Name JERNIGAN, PAUL HENRY, LAWRENCE Name

Address 3350 SW 148TH AVENUE, SUITE 110 3350 SW 148TH AVE STE 110 Address

City-State-Zip: MIRAMAR FL 33027 MIRAMAR FL 33027 City-State-Zip:

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: PAUL D JERNIGAN

ASSOCIATE GENERAL COUNSEL

02/11/2019