## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083336

Entity Name: DEVOTED HEALTH PLAN OF FLORIDA, INC

### **Current Principal Place of Business:**

3350 SW 148TH AVE STE 110 MIRAMAR, FL 33027

## **Current Mailing Address:**

3350 SW 148TH AVE STE 110 MIRAMAR, FL 33027 US

# FEI Number: 82-3758085

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR
Name	PARK, TODD	Name	PARK, EDWARD
Address	3350 SW 148TH AVE STE 110	Address	3350 SW 148TH AVE STE 110
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, SECRETARY
Name	QUINTANA, DARIEL	Name	DELINSKY, JEREMY
Address	3350 SW 148TH AVE STE 110	Address	3350 SW 148TH AVE STE 110
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027
Title	DIRECTOR, TREASURER		
Name	HENRY, LAWRENCE		
Address	3350 SW 148TH AVE STE 110		
City-State-Zip:	MIRAMAR FL 33027		

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: JEREMY DELINSKY

SECRETARY

04/26/2018

Electronic Signature of Signing Officer/Director Detail

FILED Apr 26, 2018 Secretary of State CC9103495319

Date

Date