

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083336

Entity Name: DEVOTED HEALTH PLAN OF FLORIDA, INC.

Current Principal Place of Business:

2801 SW 149TH AVENUE
SUITE 100
MIRAMAR, FL 33027

Current Mailing Address:

2801 SW 149TH AVENUE
SUITE 100
MIRAMAR, FL 33027 US

FEI Number: 82-3758085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, STE A
TALLAHASSEE, FL 32301 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
Name PARK, TODD
Address 2801 SW 149TH AVENUE
 SUITE 100
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name PARK, EDWARD
Address 2801 SW 149TH AVENUE
 SUITE 100
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR, PRESIDENT
Name QUINTANA, DARIEL
Address 2801 SW 149TH AVENUE
 SUITE 100
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR, COO
Name DELINSKY, JEREMY
Address 2801 SW 149TH AVENUE
 SUITE 100
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR, TREASURER
Name ADAM, THACKERY
Address 2801 SW 149TH AVENUE
 SUITE 100
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name JERNIGAN, PAUL
Address 2801 SW 149TH AVENUE
 SUITE 100
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: ADAM THACKERY _____

TREASURER AND CFO

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date